

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711606

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: SUNDIAL TOWERS CONDOMINIUM, INC.

**Current Principal Place of Business:**

8400 BYRON AVE.  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

8400 BYRON AVE.  
MIAMI BEACH, FL 33141

**New Mailing Address:**

FEI Number: 59-1222305      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARY M. MARS ESQ/HYMAN SPECTOR & MARS LLC  
150 W FLAGLER MUSEUM TOWER STE 2701  
MIAMI, FL 33130      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      (X) Delete  
Name: BEREGOWAY, R.  
Address: 8400 BYRON AVE.  
City-St-Zip: MIAMI BEACH, FL 33141

Title: STD      ( ) Delete  
Name: KETTMAN, M.  
Address: 8400 BYRON AVE.  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D      ( ) Delete  
Name: WEGIEL, Z  
Address: 8400 BYRON AVE APT 5C  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D      ( ) Delete  
Name: YANKOWSKY, B  
Address: 8400 BYRON AVE APT 5D  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VPD      ( ) Delete  
Name: DEGEA, GREZELL M  
Address: 8400 BYRON AVE APT 6D  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D      ( ) Delete  
Name: SELARO, F.  
Address: 8400 BYRON AVENUE 2A  
City-St-Zip: MIAMI BEACH, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK SELARO

D

04/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date