

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711606

FILED
Apr 29, 2008
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: PD () Delete
Name: YANKOWSKY, BOHDAN
Address: 8400 BYRON AVE. #5-D
City-St-Zip: MIAMI BEACH, FL 33141

Title: VPD () Delete
Name: NAVAS, ANIA
Address: 8400 BYRON AVE APT 6C
City-St-Zip: MIAMI BEACH, FL 33141

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

Title: D () Delete
Name: NAZARKEWYIEZ, IWAN
Address: 8400 BYRON AVE APT 4C
City-St-Zip: MIAMI BEACH, FL 33141

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

Title: D () Delete
Name: WEGIEL, ZIGGY
Address: 8400 BYRON AVE
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: BOHDAN YANKOWSKY

PD

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date