

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90086 003 ****61.25

0025639

DOCUMENT # 711606

1. Entity Name
SUNDIAL TOWERS CONDOMINIUM, INC.




Principal Place of Business
**8400 BYRON AVE.
MIAMI BEACH FL 33141**

Mailing Address
**8400 BYRON AVE.
MIAMI BEACH FL 33141**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1222305**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**YANKOWSKY, Z
8400 BYRON AV E.
MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

on file

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RAS, CHARLES	
STREET ADDRESS	8400 BYRON AVE 5D	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KACZENOWICZ OKSAN	
STREET ADDRESS	8400 BYRON AVE 3F	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ZILL, MARY	
STREET ADDRESS	8400 BYRON AVE 4F	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLEY, J. F.	
STREET ADDRESS	8400 BYRON AVE 2C	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENTREZ, SEVERO C.	
STREET ADDRESS	8400 BYRON AVE 2F	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	SELLARO, FRANK	
STREET ADDRESS	8400 BYRON AVENUE 2A	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Z. YANKOWSKY	
STREET ADDRESS	8400 BYRON AV. M.B. FL.	
CITY-ST-ZIP	33141	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marianne Kettman	
STREET ADDRESS	8400 Byron Av.	
CITY-ST-ZIP	M.B. FL. 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margarita De Gea	
STREET ADDRESS	8400 Byron Av. M.B. FL.	
CITY-ST-ZIP	33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marianne Kettman* **REQUIRED** **4-5-03**

CR2E037 (10/02)