

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003220 (8)**
1. Corporation Name

SANDS POINTE OCEAN BEACH RESORT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 16711 COLLINS AVE STE 101 MIAMI BEACH FL 33160 US	Mailing Address 16711 COLLINS AVE STE. 101 MIAMI BEACH FL 33160 US
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3. Date Incorporated or Qualified 06/17/1996	
4. FEI Number 65-0425446	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent MILTON, JOSEPH 3211 PONCE DE LEON BOULEVARD #301 CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name HYMAN + KAPLAN 82 Street Address (P.O. Box Number is Not Acceptable) 83 150 WEST FLAGLER 27th FLOOR 84 City MIAMI FL 85 Zip Code 33130
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *[Signature]* DATE: **1/30/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILTON, JOSEPH 3211 PONCE DE LEON BOULEVARD #301 CORAL GABLES FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP DVOOR SHEILA 16711 COLLINS AV MIAMI BEACH FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DVOOR, SHIELA 16711 COLLINS AVE, STE. 101 MIAMI BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPD FELDMAN FREDERICK 16711 COLLINS AV MIAMI BEACH FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILTON, CECIL 3211 PONCE DE LEON BOULEVARD #301 CORAL GABLES FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	STD IGLESIAS DANIEL 16711 COLLINS AV MIAMI BEACH FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE: *[Signature]* Date: **1-30-98** Daytime Phone #: **0031538**

CR2E037 (10/97)