2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003220

FILED Jan 11, 2007 Secretary of State

Entity Name: SANDS POINTE OCEAN BEACH RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:					New Principal Place of Business:			
16711 COL SUNNY ISL	LINS AVE LES BEACH, FL	33160	US					
Current Mailing Address:					New Mailing Address:			
16711 COL SUNNY ISL	LINS AVE LES BEACH, FL	33160	US					
FEI Number:	65-0425446	FEI Numbe	r Applied For()	FEI Nun	nber Not Appli	icable ()	Certificate of	Status Desired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
HYMAN AND KAPLAN 150 W FLAGLER 27TH FLOOR MIAMI, FL 33130 US					HYMAN,SPECTOR & MARS LLP 150 W FLAGLER STREET 27TH FLOOR MIAMI, FL 33130 US			
The above in the State		ıbmits this	statement for the pu	ırpose o	f changing it	ts registere	d office or regist	ered agent, or both,
SIGNATURE: GARY MARS, ESQ					01/11/2007			
	Electronic	Signature	of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	S () D DVOOR, SHEILA 16711 COLLINS SUNNY ISLES BE	AVENUE #41			Title: Name: Address: City-St-Zip:		()Change ()Ad	dition
Title: Name: Address: City-St-Zip:	D () E IGLESIAS, DANIE 16711 COLLINS SUNNY ISLES BE	AVE	160		Title: Name: Address: City-St-Zip:		(X) Change()Ad DAVID LINS AVE #705 ES BEACH, FL 331	
Title: Name: Address: City-St-Zip:	P () E AELION, ESAAC 16711 COLLINS A SUNNY ISLES BE				Title: Name: Address: City-St-Zip:		(X) Change()Ad AAC LINS AVENUE #230 ES BEACH, FL 331	02
Title: Name: Address: City-St-Zip:	V () E VECCHI, LUIGI 16711 COLLINS SUNNY ISLES BE				Title: Name: Address: City-St-Zip:		() Change () Ad	dition
Title: Name: Address: City-St-Zip:	T () E COLIVAS, SPIRO 16711 COLLINS SUNNY ISLES, F	AVENUE #27	06		Title: Name: Address: City-St-Zip:		() Change () Ad	dition

I hereby certify that the information supplied with this filing does not qualify for the 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: SPIRO COLIVAS T 01/11/2007