

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>3211 PONCE DE LEON BOULEVARD #301 CORAL GABLES FL 33134</b>	Mailing Address <b>3211 PONCE DE LEON BOULEVARD #301 CORAL GABLES FL 33134-7274</b>
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3. Date Incorporated or Qualified <b>06/17/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>16711 Collins Avenue</b> Suite, Apt. #, etc. 22 <b>Suite 101</b> City & State 23 <b>Miami Beach FL</b> Zip 24 <b>33160</b>	2a. Mailing Address 26 <b>16711 Collins Ave</b> Suite, Apt. #, etc. 27 <b>Suite 101</b> City & State 28 <b>Miami Beach FL</b> Zip 29 <b>33160</b>
Country 25 <b>Dade</b>	Country 30 <b>Dade</b>

4. FEI Number <b>65-0425446</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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]* **President** DATE **4/16/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>MILTON, JOSEPH</b>
STREET ADDRESS	<b>3211 PONCE DE LEON BOULEVARD #301</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LEVANTHAL IRVING</b>
STREET ADDRESS	<b>3211 PONCE DE LEON BOULEVARD #301</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>MILTON, CECIL</b> <i>Secretary</i>
STREET ADDRESS	<b>3211 PONCE DE LEON BOULEVARD #301</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Dvon Shielia</b>
2.3 STREET ADDRESS	<b>16711 Collins Avenue</b>
2.4 CITY-ST-ZIP	<b>Suite 101 Miami Beach, FL 33160</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)