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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

DOCUMENT # N96000003220 (8)

1. Corporation Name  
SANDS POINTE OCEAN BEACH RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
16711 COLLINS AVE STE. 101 MIAMI BEACH FL 33160 US  
16711 COLLINS AVE STE. 101 MIAMI BEACH FL 33160 US

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified

06/17/1996

4. FEI Number 65-0425446 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ 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 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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/98

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME MILTON, JOSEPH  
STREET ADDRESS 3211 PONCE DE LEON BOULEVARD #301  
CITY-ST-ZIP CORAL GABLES FL

TITLE VPD  
NAME DVOOR, SHIELA  
STREET ADDRESS 16711 COLLINS AVE, STE. 101  
CITY-ST-ZIP MIAMI BEACH FL

TITLE STD  
NAME MILTON, CECIL  
STREET ADDRESS 3211 PONCE DE LEON BOULEVARD #301  
CITY-ST-ZIP CORAL GABLES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME DVOOR, SHIELA  
1.3 STREET ADDRESS 16711 COLLINS AV  
1.4 CITY-ST-ZIP MIAMI BEACH FL. ☒ Change ☐ Addition

2.1 TITLE VPD  
2.2 NAME FELDMAN, FREDERICK  
2.3 STREET ADDRESS 16711 COLLINS AV  
2.4 CITY-ST-ZIP MIAMI BEACH FL. ☒ Change ☐ Addition

3.1 TITLE STD  
3.2 NAME IGLESIAS, DANIEL  
3.3 STREET ADDRESS 16711 COLLINS AV  
3.4 CITY-ST-ZIP MIAMI BEACH FL. ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031538

CR2E037 (10/97)