

**2001 UNIFORM BUSINESS REPORT (UBR)**

2/28.

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90020 017 \*\*\*\*61.25

**DOCUMENT # N96000003220**

1. Entity Name

**SANDS POINTE OCEAN BEACH RESORT CONDOMINIUM ASSO**



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

16711 COLLINS AV

3. Mailing Address

16711 COLLINS AV

Suite, Apt. #, etc.

SUITE #101

Suite, Apt. #, etc.

Suite #101

City & State

SUNNY ISLES BEACH FL

City & State

SUNNY ISLES BEACH FL

Zip

33160

Country

DADE

Zip

33160

Country

DADE

4. FEI Number

65-0425446

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HYMAN AND KAPLAN  
 150 W FLAGLER 27TH FLOOR  
 MIAMI FL 33130

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renating)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	DVOOR, SHEILA	
STREET ADDRESS	16711 COLLINS AVE	
CITY-ST-ZIP	SUNNY ISLES BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FELDMAN, FREDERICK, PRESIDENT	
STREET ADDRESS	16711 COLLINS AVE	
CITY-ST-ZIP	SUNNY ISLES BEACH FL	
TITLE	STP TREASURER	<input type="checkbox"/> Delete
NAME	IGLESIAS, DANIEL	
STREET ADDRESS	16711 COLLINS AVE	
CITY-ST-ZIP	SUNNY ISLES BEACH FL	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	CANTRELL, MERCEDES	
STREET ADDRESS	16711 COLLINS AVENUE	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL	
TITLE	VP - VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	VECCHI, LOU	
STREET ADDRESS	16711 COLLINS AVENUE	
CITY-ST-ZIP	SUNNY ISLES BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ANDY PARGH - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDY PARGH	
STREET ADDRESS	16711 COLLINS AV	
CITY-ST-ZIP	SUNNY ISLES BEACH FL	
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		
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)(f), 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: FREDERICK B. FELDMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01 305-947-4218  
Date Daytime Phone #

CR2E037 (10/00)