

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-18-2002 90144 027 ****61.25

DOCUMENT # N96000003220

1. Entity Name

**SANDS POINTE OCEAN BEACH RESORT CONDOMINIUM ASSO
 CIATION, INC.**

Principal Place of Business		Mailing Address	
16711 COLLINS AVE STE 101 SUNNY ISLES BEACH FL 33160 US		16711 COLLINS AVE STE 101 SUNNY ISLES BEACH FL 33160 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

19489



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

8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HYMAN AND KAPLAN 150 W FLAGLER 27TH FLOOR MIAMI FL 33130		-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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARCH, ANDY	NAME	SHEILA DVOOR D
STREET ADDRESS	16711 COLLINS AVE	STREET ADDRESS	16711 COLLINS AV # 411
CITY-ST-ZIP	SUNNY ISLES BEACH FL	CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, FREDERICK D	NAME	
STREET ADDRESS	16711 COLLINS AVE	STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES BEACH FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IGLESIAS, DANIEL D	NAME	
STREET ADDRESS	16711 COLLINS AVE	STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES BEACH FL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTRELL, MERCEDES D	NAME	
STREET ADDRESS	16711 COLLINS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES BEACH FL	CITY-ST-ZIP	
TITLE	VP D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VECCHI, LOU D	NAME	
STREET ADDRESS	16711 COLLINS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES BEACH FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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 another like empowered.

SIGNATURE: SIGNATURE _____ DATE _____ DAYTIME PHONE # _____

CR2E037 (9/01)