

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

4. FEI Number

65-0425446

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	<input checked="" type="checkbox"/> Delete
NAME	PARCH, ANDY	
STREET ADDRESS	16711 COLLINS AVE	
CITY-ST-ZIP	SUNNY ISLES BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FELDMAN, FREDERICK	
STREET ADDRESS	16711 COLLINS AVE	
CITY-ST-ZIP	SUNNY ISLES BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	IGLESIAS, DANIEL	
STREET ADDRESS	16711 COLLINS AVE	
CITY-ST-ZIP	SUNNY ISLES BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CANTRELL, MERCEDES	
STREET ADDRESS	16711 COLLINS AVENUE	
CITY-ST-ZIP	SUNNY ISLES BEACH FL	
TITLE	VP-D	<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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEILA DVOOR	
STREET ADDRESS	16711 COLLINS AV # 411	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)