

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2006 08:00 AM  
Secretary of State

DOCUMENT # N96000003220

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



Principal Place of Business  
16711 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160 US

Mailing Address  
16711 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160 US



01092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0425446  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE S  
NAME DVOOR, SHEILA D  
STREET ADDRESS 16711 COLLINS AVENUE #411  
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

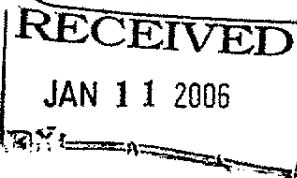
TITLE D  
NAME IGLESIAS, DANIEL  
STREET ADDRESS 16711 COLLINS AVE  
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE P  
NAME AELION, ESAAC  
STREET ADDRESS 16711 COLLINS AVENUE #230R  
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE V  
NAME VECCHI, LUIGI  
STREET ADDRESS 16711 COLLINS AVENUE #508  
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE T  
NAME COLIVAS, SPIRO  
STREET ADDRESS 16711 COLLINS AVENUE #2706  
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



000000393047  
01/25/06-80005-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_ 01/13/06 805-917-42  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #