

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

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
 65-0425446      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

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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	

**RECEIVED**  
 JAN 11 2006  
 00000393047  
 01/25/06-80005-015 61.25

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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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date: 01/13/06      Daytime Phone #: 305-937-42