

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 03, 2007
Secretary of State

DOCUMENT# N96000003220

Entity Name: SANDS POINTE OCEAN BEACH RESORT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**16711 COLLINS AVE
SUNNY ISLES BEACH, FL 33160 US**New Principal Place of Business:****Current Mailing Address:**16711 COLLINS AVE
SUNNY ISLES BEACH, FL 33160 US**New Mailing Address:****FEI Number:** 65-0425446**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HYMAN,SPECTOR & MARS LLP
150 W FLAGLER STREET
27TH FLOOR
MIAMI, FL 33130 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** S () Delete
Name: DVOOR, SHEILA D
Address: 16711 COLLINS AVENUE #411
City-St-Zip: SUNNY ISLES BEACH, FL 33160**Title:** D () Delete
Name: GORDON, DAVID
Address: 16711 COLLINS AVE #705
City-St-Zip: SUNNY ISLES BEACH, FL 33160**Title:** P () Delete
Name: AELION, ISAAC
Address: 16711 COLLINS AVENUE #2302
City-St-Zip: SUNNY ISLES BEACH, FL 33160**Title:** V () Delete
Name: VECCHI, LUIGI
Address: 16711 COLLINS AVENUE #508
City-St-Zip: SUNNY ISLES BEACH, FL 33160**Title:** T () Delete
Name: COLIVAS, SPIRO
Address: 16711 COLLINS AVENUE #2706
City-St-Zip: SUNNY ISLES, FL 33160**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** T (X) Change () Addition
Name: GORDON, DAVID
Address: 16711 COLLINS AVE #705
City-St-Zip: SUNNY ISLES BEACH, FL 33160**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: IGLESIAS, DANIEL
Address: 16711 COLLINS AVENUE #802
City-St-Zip: SUNNY ISLES, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISAAC AELION

P

10/03/2007

Electronic Signature of Signing Officer or Director

Date