Paid By Check Number: 2455 - Paid Amount: $61.25
~~The Continental Group Inc.~~

8/

FILED
Sep 02, 2008 8:00 am
Secretary of State
08-04-2008 90034 015 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000003220

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

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

66016226

DO NOT WRITE IN THIS SPACE

07082008 No Chg-NP CR2E037 (4/06)

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 SPECTOR & MARS LLP
150 W FLAGLER STREET
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, my position as registered agent.

SIGNATURE: _____

Filing Fee is $61.25
Due by September 12, 2008

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	T
NAME	GORDON, DAVID
STREET ADDRESS	16711 COLLINS AVE #705
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	P
NAME	AELION, ISAAC
STREET ADDRESS	16711 COLLINS AVENUE #2302
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	D
NAME	IGLESIAS, DANIEL
STREET ADDRESS	16711 COLLINS AVENUE #802
CITY-ST-ZIP	SUNNY ISLES, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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 asterisk.

SIGNATURE: _____ 08/27/08

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #

[redacted]