

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 24, 2009
Secretary of State**

DOCUMENT# N96000003220

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

Current Principal Place of Business:

New Principal Place of Business:

16711 COLLINS AVE
SUNNY ISLES BEACH, FL 33160 US

Current Mailing Address:

New Mailing Address:

16711 COLLINS AVE
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 65-0425446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HYMAN,SPECTOR & MARS LLP
150 W FLAGLER STREET
27TH FLOOR
MIAMI, FL 33130 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Delete
Name: DVOOR, SHEILA D
Address: 16711 COLLINS AVENUE #411
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Delete
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: P () Delete
Name: AELION, ISAAC
Address: 16711 COLLINS AVENUE #2302
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Delete
Name: VECCHI, LUIGI
Address: 16711 COLLINS AVENUE #508
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: IGLESIAS, DANIEL
Address: 16711 COLLINS AVENUE #802
City-St-Zip: SUNNY ISLES, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

03/24/2009

Electronic Signature of Signing Officer or Director

Date