

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Apr 22, 2010  
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  
Name: DVOOR, SHEILA D  
Address: 16711 COLLINS AVENUE #411  
City-St-Zip: SUNNY ISLES BEACH, FL 33160Title: T  
Name: GORDON, DAVID  
Address: 16711 COLLINS AVE #705  
City-St-Zip: SUNNY ISLES BEACH, FL 33160Title: P  
Name: AELION, ISAAC  
Address: 16711 COLLINS AVENUE #2302  
City-St-Zip: SUNNY ISLES BEACH, FL 33160Title: V  
Name: VECCHI, LUIGI  
Address: 16711 COLLINS AVENUE #508  
City-St-Zip: SUNNY ISLES BEACH, FL 33160Title: D  
Name: KING, ANITA  
Address: 16711 COLLINS AVENUE #TS 1  
City-St-Zip: SUNNY ISLES, FL 33160

I hereby 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 all other like empowered.

SIGNATURE: ISAAC AELION

PRES

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date