

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90183 041 ****61.25

DOCUMENT # N96000003220



1. Entity Name

**SANDS POINTE OCEAN BEACH RESORT CONDOMINIUM ASSO
CIATION, INC.**

Principal Place of Business

**16711 COLLINS AVE
STE 101
SUNNY ISLES BEACH FL 33160
US**

Mailing Address

**16711 COLLINS AVE
STE 101
SUNNY ISLES BEACH FL 33160
US**

2. Principal Place of Business

16711 COLLINS AV

3. Mailing Address

16711 COLLINS AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
SUNNY ISLES BEACH

City & State
SUNNY ISLES BEACH, FL

4. FEI Number **65-0425446**

Applied For

Not Applicable

Zip
FL-33160

Country
DADE

Zip
33160

Country
DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HYMAN AND KAPLAN
150 W FLAGLER 27TH FLOOR
MIAMI FL 33130**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
NAME **DVOOR, SHEILA D**
STREET ADDRESS **16711 COLLINS AVENUE #411**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **JESUS NAVIA**
STREET ADDRESS **16711 COLLINS AV**
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE **DP** ☐ Delete
NAME **FELDMAN, FREDERICK**
STREET ADDRESS **16711 COLLINS AVE**
CITY-ST-ZIP **SUNNY ISLES BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **IGLESIAS, DANIEL**
STREET ADDRESS **16711 COLLINS AVE**
CITY-ST-ZIP **SUNNY ISLES BEACH FL**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **IGLESIAS, DANIEL**
STREET ADDRESS **16711 COLLINS AV**
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE **SD** ☐ Delete
NAME **CANTRELL, MERCEDES**
STREET ADDRESS **16711 COLLINS AVENUE**
CITY-ST-ZIP **SUNNY ISLES BEACH FL**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **CANTRELL, MERCEDES**
STREET ADDRESS **16711 COLLINS AV**
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE **VPD** ☒ Delete
NAME **VECCHI, LOU**
STREET ADDRESS **16711 COLLINS AVENUE**
CITY-ST-ZIP **SUNNY ISLES BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1-14-2003

CR2E037 (10/02)