

**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 ASSOCIATION, 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
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2. Principal Place of Business 16711 COLLINS AV	3. Mailing Address 16711 COLLINS AV
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SUNNY ISLES BEACH	City & State SUNNY ISLES BEACH, FL
Zip FL-33160	Country DADE
Zip 33160	Country DADE

4. FEI Number **65-0425446** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE VP	<input type="checkbox"/> Delete
NAME DVOOR, SHEILA D	
STREET ADDRESS 16711 COLLINS AVENUE #411	
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160	
TITLE DP	<input type="checkbox"/> Delete
NAME FELDMAN, FREDERICK	
STREET ADDRESS 16711 COLLINS AVE	
CITY-ST-ZIP SUNNY ISLES BEACH FL	
TITLE TD	<input type="checkbox"/> Delete
NAME IGLESIAS, DANIEL	
STREET ADDRESS 16711 COLLINS AVE	
CITY-ST-ZIP SUNNY ISLES BEACH FL	
TITLE SD	<input type="checkbox"/> Delete
NAME CANTRELL, MERCEDES	
STREET ADDRESS 16711 COLLINS AVENUE	
CITY-ST-ZIP SUNNY ISLES BEACH FL	
TITLE VPD	<input checked="" type="checkbox"/> Delete
NAME VECCHI, LOU	
STREET ADDRESS 16711 COLLINS AVENUE	
CITY-ST-ZIP SUNNY ISLES BEACH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JESUS NAVIA	
STREET ADDRESS 16711 COLLINS AV	
CITY-ST-ZIP SUNNY ISLES BEACH, FL. 33160	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IGLESIAS, DANIEL	
STREET ADDRESS 16711 COLLINS AV	
CITY-ST-ZIP SUNNY ISLES BEACH, FL. 33160	
TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CANTRELL, MERCEDES	
STREET ADDRESS 16711 COLLINS AV	
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **1-14-2003**

CR2E037 (10/02)