

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003220

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

**FILED**  
**Feb 08, 2013**  
**Secretary of State**  
**CC0804825010**

**Current Principal Place of Business:**

16711 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16711 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number: 65-0425446**

**Certificate of Status Desired: No**

**Name and Address of Current 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

**Officer/Director Detail :**

Title S  
Name SOYBELMAN, JANE  
Address 16711 COLLINS AVENUE #PH1  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title T  
Name SAFIR, ILYA  
Address 16711 COLLINS AVE #2503  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title P  
Name GORDO, MAGALY  
Address 16711 COLLINS AVENUE #UPH8  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title V  
Name PACHECO, RAMON  
Address 16711 COLLINS AVENUE #211  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title D  
Name AELION, ISAAC  
Address 16711 COLLINS AVENUE #2302  
City-State-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: MAGALY GORDO**

**PRESIDENT**

**02/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date