

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 761922

1. Entity Name
SANDORAL CONDOMINIUM ASSOCIATION, INC.



FILED

08 DEC 22 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FL 32399



Principal Place of Business
~~7053 NW 53RD STREET~~
~~MIAMI, FL 33166 US~~

Mailing Address
~~7053 NW 53RD STREET~~
~~MIAMI, FL 33166 US~~

2. Principal Place of Business - No P.O. Box #

3399 NW 72 AVE
Suite, Apt. #, etc.
Suite 215

3. Mailing Address

3399 NW 72 AVE
Suite, Apt. #, etc.
Suite 215

11062008 Chg-NP CR2E037 (12/06)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number
59-2229779

Applied For
Not Applicable

Zip

33122

Country

Zip

33122

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUGGER, ROBERT A SR
~~7053 NW 53 ST~~
~~MIAMI, FL 33166~~

7. Name and Address of New Registered Agent

Name **DUGGER, ROBERT A. SR**
Street Address (P.O. Box Number is Not Acceptable)
3399 NW 72 AVE
Suite 215
City **MIAMI, FL** Zip Code **33122**

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

12/18/08

Amended AR 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
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
HERALD, MARIAN
8005 LAKE DR #212
MIAMI, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
900133204509
12/22/08--01054--002 ****\$1.25**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
~~VPD~~
DELANEY, TOM
8005 LAKE DR #401
MIAMI, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DELANEY, TOM
8005 LAKE DR #401
MIAMI, FL 33166 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
~~PD~~
~~SPILLER, GINNY~~
~~8005 LAKE DR #401~~
~~MIAMI, FL 33166~~ ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
~~SD~~
WASHKEWICZ, LINDA
8005 LAKE DR #406
MIAMI, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
WASHKEWICZ, LINDA
8005 LAKE DR #406
MIAMI, FL 33166 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
COBORNO, MARGARITA
8005 LAKE DR #301
MIAMI, FL 33166 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

David David Trebuna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/08 305-594-0103

Date Daytime Phone #

M. 12/22