

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90017 021 ****61.25

DOCUMENT # N06466

1. Entity Name
SAHARA BEACH CLUB MOTEL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 275 FOUNTAINEBLEAU BLVD.
 200
 MIAMI, FL 33172 US

Mailing Address
 275 FOUNTAINEBLEAU BLVD.
 200
 MIAMI, FL 33172 US



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01062004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
DOVAL, FELIX
1760 SW 16TH TERR
MIAMI, FL 33145

4. FEI Number
59-2499105 Applied For
 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DOVAL, FELIX	
STREET ADDRESS	275 FOUNTAINEBLEAU BLVD #200	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	TINELLI, ROBERT	
STREET ADDRESS	275 FOUNTAINEBLEAU BLVD #200	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TORRES, HIGINIO	
STREET ADDRESS	275 FOUNTAINEBLEAU BLVD #200	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GIL, JOSE	
STREET ADDRESS	275 FOUNTAINEBLEAU BLVD #200	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FERNANDO, FERNANDEZ	
STREET ADDRESS	275 FOUNTAINEBLEAU BLVD #200	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Higinio Torres* **HIGINIO TORRES** 01/16/04 **305-448-6400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #