



**2006 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:25

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2499105	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOVAL, FELIX 1760 SW 16TH TERR MIAMI, FL 33145			Name <u>Alfredo Perez P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>5805 Blue Lagoon Drive, Ste. 145</u> City <u>MIAMI</u> FL <u>33126</u>		
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 <u>Alfredo J. Perez P.A.</u>			SIGNATURE <u>Alfredo J. Perez P.A.</u> DATE <u>12/24/06</u>		
Amended AR 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOVAL, FELIX	NAME			
STREET ADDRESS	275 FOUNTAINEBLEAU BLVD #200	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	TINELLI, ROBERT	NAME			
STREET ADDRESS	275 FOUNTAINEBLEAU BLVD #200	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE			
NAME	GIL, JOSE	NAME			
STREET ADDRESS	275 FOUNTAINEBLEAU BLVD #200	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE			
NAME	LOPEZ, JOSE	NAME			
STREET ADDRESS	5370 PALM AVENUE #1	STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP			
TITLE	PD# <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHEER, LEOPOLDO	NAME	<u>P SCHEER Leopoldo</u>		
STREET ADDRESS	9690 SW 24TH ST.	STREET ADDRESS	<u>9690 SW 24TH ST</u>		
CITY-ST-ZIP	MIAMI, FL 33165	CITY-ST-ZIP	<u>MIAMI FL 33165</u>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<u>NOEL DIAZ</u>		
STREET ADDRESS		STREET ADDRESS	<u>14205 S.W 51 Street</u>		
CITY-ST-ZIP		CITY-ST-ZIP	<u>MIAMI, FL 33175</u>		
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: <u>[Signature]</u>			Date <u>12/01/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		