

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2009
Secretary of State**

DOCUMENT# N06466

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

Current Principal Place of Business:

275 FOUNTAINEBLEAU BLVD.
200
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

275 FOUNTAINEBLEAU BLVD.
200
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 59-2499105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, ALFREDO
5805 BLUE LAGOON DRIVE, STE 145
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CAMPS, EDILIA
Address: 13473 SW 27TH ST
City-St-Zip: MIAMI, FL 33175

Title: VD () Delete
Name: GIL, JOSE
Address: 275 FOUNTAINEBLEAU BLVD., #200
City-St-Zip: MIAMI, FL 33172 US

Title: SD () Delete
Name: LOPEZ, JOSE
Address: 5370 PALM AVENUE, #1
City-St-Zip: HIALEAH, FL 33012

Title: PD () Delete
Name: SCHEER, LEOPOLDO
Address: 9690 S.W. 24TH STREET
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: TORRES, HIGINIO
Address: 2961 SW 15TH ST
City-St-Zip: MIAMI, FL 331451137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEOPOLDO SCHEER

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date