2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2007 8:00 am Secretary of State **DOCUMENT # 712191** 1. Entity Name 04-19-2007 90411 023 ****61.25 POINT EAST THREE CONDOMINIUM CORPORATION. Principal Place of Business Mailing Address 2895 POINT EAST DRIVE 2895 POINT EAST DRIVE MIAMI FL 33160 MIAMI FL 33160 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-1279381 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLAZER, ERIC M Street Address (P.O. Box Number is Not Acceptable) 1920 E HALLANDALE BEACH 8TH FLOOR HALLANDALE FL 33009 City Zip Code FL 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 TREASURER TITLE VP Delete TITLE Edwards, ANNE RUBEN, ARTHUR NAME NAME 2903 Point East Drive, Apt. K108 STREET ADDRESS STREET ADDRESS 2905 POINT EAST DRIVE L-415 CITY-ST-ZIP CITY - ST - ZIP **AVENTURA FL 33160** TITLE ☐ Defete DHE ☐ Change Addition NAME NUNES, LOUIS NAME STREET ADDRESS 2905 POINT EAST DRIVE L-607 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33160** Director TITLE TS ☐ Delete HITE Change ☐ Addition NAMI NAME LEDERMAN, BURTON STREET ADDRESS STREET ADDRESS 2910 POINT E DR APT M-510 CITY-ST-7fP CITY-S1-ZIP **AVENTURA FL 33160** Vice - President TITLE ☐ Delete HILE ☐ Addition DS NAME NAME GENEN, ABRAHAM STREET ADDRESS STREET ADDRESS 2903 POINT EAST DR APT K-207 CITY-ST-ZIP CITY-ST-ZIP **AVNETURA FL 33160** MILE D Delete NRE ☐ Change X Addition NAME DE LA HOZ. ANTONIO NAME bint East Drive, APT. STREET ADDRESS 2905 POINT EAST DR APT L-307 STREET ADORESS CITY-ST-ZIP AVENTURA FL 33160 CITY-ST-ZIP HILE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP

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

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