


2010 Not-For-Profit Organization  
Annual Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION ANNUAL REPORT**  **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
10 APR 30 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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04/30/10--01057--002 \*\*70.00  
CR2E081 (11/09)

DOCUMENT # 712191  
1. Corporation Name  
Point East Three Condominium Corp. Inc.

2. Principal Office Address - No P.O. Box # 2895 Point East Drive		3. Mailing Office Address Same	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Aventura		City & State FL	
Zip 33160	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 9/19/66

5. FEI Number 59-1279381  Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Luis Nunes

Street Address (P.O. Box Number is Not Acceptable)  
2905 Point East Dr.

Suite, Apt. #, Etc.  
L-607

City  
Aventura

State  
FL

Zip Code  
33160

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Luis A. Nunes Date 04-27-2010  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Luis Nunes	2905 Point East Dr. L-607	Aventura, FL 33160
VP	Abraham Gencu	2903 Point East Dr. K-207	Aventura, FL 33160
T	George Sedano	2920 Point East Dr. N-604	Aventura, FL 33160
S	Burton Lederman	2910 Point East Dr. M-510	Aventura, FL 33160
D	Rhea Unger	2903 Point East Dr. K-601	Aventura, FL 33160

10. E-mail Address: \_\_\_\_\_  
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Luis A. Nunes Luis A. Nunes Date 4/29/2010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #