

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northern
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713293 (9)
1. Corporation Name
POINT EAST FOUR CONDOMINIUM CORPORATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 AM 7:14

Principal Place of Business
2895 POINT EAST DRIVE
N. MIAMI BEACH FL 33160

Mailing Address
2895 POINT EAST DRIVE
N. MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/01/1967

3a. Date of Last Report
07/06/1994

4. FEI Number
59-1278380

Applied For
Not Applicable

2. Principal Place of business
21
Suite, Apt. #, etc.

2a. Mailing Address
26
Suite, Apt. #, etc.

22
City & State
Zip

27
City & State
Zip

5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24
City & State
Zip

25
Country

29
City & State
Zip

30
Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$69.75

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PHILLIPS, ROBERT
3000 MARCOS DR
P-606
MIAMI FL 33160

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when renouncing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	PHILLIPS, ROBERT
STREET ADDRESS	3000 MARCOS DR.
CITY- ST- ZIP	MIAMI FL
TITLE	VPS
NAME	BARD, ED
STREET ADDRESS	3010 MARCOS DR, R612
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	SHAPIRO, MOLLIE
STREET ADDRESS	3020 MARCOS DR., S406
CITY- ST- ZIP	MIAMI FL
TITLE	T
NAME	SILVERSTEIN, ROB
STREET ADDRESS	3010 MARCOS DR., R410
CITY- ST- ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert H. Phillips* ROBERT H. PHILLIPS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/1/1995