## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT #

713293

(9)

POINT EAST FOUR CONDOMINIUM CORPORATION, INC.

Principal Place of Business Malling Address					- I TORNIL IDRUK INKOR INING NUMB HANDRININ BROKK DIRKI DIRK	
2895 POINT EAST DRIVE		2895 POINT EAST DRIVE				3. Date Incorporated or Qualified
N. MIAMI BEAC		N. MIAMI BEACH FL 33160				
						09/01/1967  4. FEI Number Applied For
						59-1279380 Not Applicable
2. Principal P	lace of Business	20. Mailing Address	2s. Mailing Address			** *** **** ***
21		26	—			5. Certificate of Status Desired Fee Required
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.	<u> </u>			6. Election Campaign Financing \$5.00 May Be
22		27				Trust Fund Contribution Added to Fees
City & Stat	6	City & State				7. Is this nonprofit corporation a homeowners association?
23	28					☐ Yes ☐ No
Zip	Country Zip Co			intry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	it Registered Agent		_		10. Name and Address of New Registered Agent
				81	Name	
STACK, NAOMI				82 Street Address (P.O. Box Number is Not Acceptable)		
3030 MARCOS DR					L	,
T-209				83	l	
AVENTU	RA FL 33160			84	City	- 85 Zip Code
					_	FL   T
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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 617.0503, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VPD	☐ DELETE	1.1 70	TLE		☐ Change ☐ Addition
NAME	WILLINGHAM, JAMES		12 N	ME	ļ	
STREET ADDRESS	3020 MARCOS DRIVE, S-412	1.3 \$		REET	ADDRESS	
CITY-ST-ZIP	AVENTURA FL				T-ZIP	
TITLE	PD DELETE 2.1		2.1 10	1 TITLE Change Addition		
NAME	STACK, NAOMI		2.2 N		ļ	
STREET ADDRESS	3030 MARCOS DR., #T-209		2.3 S1	REET	address	
CITY-ST-ZIP	AVENTURA FL		2.40	ITY - S	ST-ZIP	
TITLE	8	☐ DELETE	3.1 Ti			☐ Change ☐ Addition
HAME	FRIEDMAN, EVELYN		3.2 N/	AME		
STREET ADDRESS	3010 MARCOS DR, R-202		3.3 51	REET	ADDRESS	
CITY-ST-ZIP	AVENTURA FL				ST-ZIP	
TITLE	TD	☐ DELETE	4.1 T/	FLE		☐ Change ☐ Addition
NAME	00,,0,		4.2 N	AME		
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4.3 STREET ADDRES		ADDRESS	
CITY-ST-ZIP				A CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TI	TLE		Director Addition
NAME			5.2 N	WE		KATEMAN, HARRY 3010 MARCOS DRIVE R-214
STREET ADDRESS	3020 MARCOS DR, S-506		5.3 ST	REET	ADDRESS	3010 Marcos Drive R-214
CITY-ST-ZIP	AVENTURA FL		5.4 CI	TY-S	T-ZIP	Aventura Fl. 33160
TITLÉ	<del></del>	☐ DELETE	6.1 10	TLE		☐ Change ☐ Addition
NAME			6.2 N	ME		
						t l

14. Thereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

Yami W. Stack

4/16/98

305-931-3960

**FILED** 

Apr 27 1998 8:00am

Secretary of State

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