FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS May 04, 1999 8:00 am Secretary of State

05-04-1999 90176 002 ****61.25

FILED

DOCUMENT # 713293

POINT EAST FOUR CONDOMINIUM CORPORATION, INC.

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

2. Principal Place of Business

Suite, Apt. #, etc.

STREET ADDRESS

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

2895 POINT EAST DRIVE N. MIAMI BEACH FL 33160

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l .	

3. Date Incorporated or Qualifed

09/01/1967

4. FEI Number

22				27						59-12/93	5 6 U		N	ot Applicable	
_	City & State					ate				5. Certifcate o	f Status Desired		* - · · · •	Additional equired	
23	Zip		Country		Zip		Country	,			mpaign Financing			May Be to Fees	
24		25 29 30							Trust Fund Contribution Adde 10. Name and Address of New Registered Agent						
Name and Address of Current Registered Agent								1		IV. Name and	Address of New	Kegistered	Agent		
		·					81	Name							
STACK, NAOMI								82 Street Address (P.O. Box Number is Not Acceptable)							
	3030 MAR	COS DR													
	T-209						83	1							
		A FL 33160					84	City		85 Zip	Code				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						9-	Oity				FL	. " "		
SI	office or re agent. I a	egistered age m familiar wit	ons of Sections 617.050 ent, or both, in the State h, and accept the obliga or printed name of registered ager	of Flor itions o	rida. Such ch of, Section 6 le if applicable.	nange was auth 17.0503, Florida	onzed by a Statutes	the corp	xoration	when reinstating)	Ors. I hereby acc	DATE	munent as re		
12	?. 	·	OFFICERS AN	ID DIR		7			т	ADDITIONS/	CHANGES TO C	TICENO AI	Change	Addition	
TIT	1	VPD			L	DELETE	1.1 TITLE		}						
NA	ME		AM, JAMES				1.2 NAME							•	
ST	REET ADDRESS		COS DRIVE, S-412			ĺ	1.3 STREE	T ADDRESS	`						
СП	Y-ST-ZIP	AVENTUR/	A FL				1.4 CITY-S	T-ZIP	<u> </u>				€ Change	Addition	
m	LE	PD	•		L	DELETE	2.1 TITLE		D ₂	. 1 4/.			K) Change	Addition	
NA	ME	STACK, N				;	2.2 NAME		ار ا	acic., IVAO:	mi DR # T. L. 3316	2 20		•	
ST	REET ADDRESS	3030 MAR	COS DR., #T-209				2.3 STREE	T ADDRESS	303	30 MAROS	DR F				
СЛ	Y-ST-ZIP	AVENTUR/	A FL				2.4 CITY-	ST-ZIP	140	IENTURA, T	·L. 33/6	<u> </u>			
Ξ	Œ	SD	, —			DELETE	3.1 TITLE		1	•			Change	☐ Addition	
NA	ME	FRIEDMAN	i, evelyn				3.2 NAME								
ST	REET ADDRESS		ICOS DR, R-202				3.3 STREE	T ADDRESS	;						
cr	Y-ST-ZIP	AVENTUR/	A FL				3.4. CITY-	ST-ZIP						NA Addition	
TIT	le 🔠	TD				DELETE	4.1 TITLE		D	_			Change	Addition	
NA	ME	COHEN, G	SEORGE .				4. 2 NAME		To.	NAID, MA	RIA DRIVE	7-11-	12-		
ST	REET ADORESS	3020 MAR	COS DR, S-101				4.3 STREE	TADORESS	30	30 MARG	DRIVE	1 - 70	.		
СП	Y-ST-ZIP	AVENTUR/	A FL				4.4 CITY-5	ST-ZIP	Au	entura,	Fl. 3316	•0	MATE OF THE OWNER O		
TIT	TE	D				DELETE	5.1 TITLE		PI	•			Change	☐ Addition	
N/A	ME	KATZMAN	, Harry				5.2 NAME		KA	TZMAN,	HARRY R				
ST	REET ADDRESS	3010 MAR	COS DR, R-214				5.3 STREE	TADORESS	00	IO MARWS	UR, K	- 414·		,	
cr	Y-ST-ZIP	AVENTUR/	A FL 33160				5.4 CITY-5	T-ZIP	HV	rentura,	Fl. 331	60			
TII	Œ					DELETE	6.1 TITLE			•			☐ Change	☐ Addition	
NA	ME						6.2 NAME		1						

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE RECEASTED

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Applied For