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## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2008 8:00 am Secretary of State

04-16-2008 90032 023 \*\*\*\*61.25

Signature    Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Authtorus   Fee Required   Fee	1. Entity Nam	MENT #725380 OINT CONDOMINIUM ASS	04-10-2008 90032 023 *** 01.23								
Suite, Apl. #, etc.    Suite, Apl. #, etc.   Suite, Apl. #, etc.   Suite, Apl. #, etc.   Suite, Apl. #, etc.   Suite, Apl. #, etc.   Suite, Apl. #, etc.   Suite, Apl. #, etc.   Suite, Apl. #, etc.   Applied # 59-1538624	3400 3410 GALT OCEAN DRIVE 3400 3410 G/			O GALT OCEAN DRIVE					<b>.</b>		
City & State  Country  S. Certificate of Status Desired  Status Desired  State Per Required  T. Name and Address of New Registered Agent  The Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  The Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  The Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  The Name and Add	2. Principal P	Mace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Sp-1639624   Not Applied	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03182008 CI	hg-NP	CR2E037 (	(12/06)			
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity authoris this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familier with, and as the obligations of registered agent.  SIGNATURE    Synam.   Took or or orgistered agent, or both in the State of Rorida. I am familier with, and as the obligations of registered agent.    SIGNATURE   Synam.   Took or orgistered agent, or both in the State of Rorida. I am familier with, and as the obligations of registered agent, or both in the State of Rorida. I am familier with, and as the obligations of registered agent.    SIGNATURE   Synam.   Took or orgistered agent, or both in the State of Rorida. I am familier with, and as the obligations of registered agent.    SIGNATURE   Synam.   Took or orgistered agent, or both in the State of Rorida. I am familier with, and as the obligations of registered agent, or both in the State of Rorida. I am familier with, and as the obligations of registered agent, or both in the State of Rorida. I am familier with, and as the obligations of registered agent, or both in the State of Rorida. I am familier with, and as the obligations of registered agent, or both in the State of Rorida. I am familier with, and as the obligations of registered agent, or both in the State of Rorida. I am familier with, and as the obligations of registered agent, or both in the State of Rorida. I am familier with, and as the obligations of registered agent, or both in the State of Rorida. I am familier with, and as the obligations of registered agent, or both in the State of Rorida. I am familier with, and as the property of Rorida Corres of Rorid	City & State		City & State			24		<del></del>	plied For t Applicable		
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	Žip	Country	Zip	Cou	intry						
SIZER MARTIN STORY LAUDERDALE, FL 33308  STORY LAUDERDALE, FL 33308  STORY LAUDERDALE, FL 33308  SIGNATURE  FILE Spruches to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE  FILE Spruches to descript a season of the facebacks.  INCIE Required Agent sprans required registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE  FILIT Spruches to descript a season of the facebacks.  INCIE Required Agent sprans required registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida Department of State agent and the obligations of registered agent, or both, in the State of Florida Department of State agent and		6. Name and Address of Current	Registered Agent			7. Name and Add	iress of New R	legistered Age	nt		
City FL Zip Code  8. The above named entity submits this statement for the purposa of changing its registered office or registered agent, or both, in the State of Plorida. I am lamiliar with, and act the obligations of registered agent.  SIGNATURE  Syntam, blood or protect name of registered agent and set if applicable. (NOTE Registered Agent agents revised when registered agent, or both, in the State of Plorida. I am lamiliar with, and act the obligations of registered agent.  SIGNATURE  FHIng Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution. Added to Fees  Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE OGLAZER, MARTIN SIRET ADDRESS  OGL-SI-ZIP  TITLE OPERATION OFFICERS AND DIRECTORS SIRET ADDRESS  OGL-SI-ZIP FORT LAUDERDALE, FL 33308  OGL-SI-ZIP FORT LAUDERDALE, FL 33308  OGL-SI-ZIP TITLE NAME SIRET ADDRESS  3410 GALT OCEAN #2009  SIRET ADDRESS  OGL-SI-ZIP FORT LAUDERDALE, FL 33308  OGL-SI-ZIP TITLE NAME BAUM, MORRIS  3410 GALT OCEAN #2009  SIRET ADDRESS  OGL-SI-ZIP OFFIT LAUDERDALE, FL 33308  OGL-SI-ZIP TITLE NAME BAUM, MORRIS  3410 GALT OCEAN DRIVE #1904  OGRAPH OFFIT ADDRESS  OGL-SI-ZIP OFFIT LAUDERDALE, FL 33308  OGL-SI-ZIP OFFIT ADDRESS  OGL-SI-ZIP OFFIT LAUDERDALE, FL 33308  OGL-SI-ZIP OFFIT LAUDERDALE, FL 33308  OGL-SI-ZIP OFFIT ADDRESS  OG	GLAZER MARTIN										
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 act the obligations of registered agent.  SIGNATURE    Suptam, speed or protect agent agent and set if applicable.   (NOTE Registered Agent speaked when restatory)   DATE	FT. LAUDERDALE, FL 33308					Sileat Address (F.O. Box Number is Not Addeptable)					
SIGNATURE    Signature   Signa	_			_	City			FL	Zip Code	)	
Change   C	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.										
Trust Fund Contribution. Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    ITILE   PD											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE:

lasten Glazer
Martin Glazer

934-563-6353

3/19/08