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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726837** (8)

1. Corporation Name

POINT BAY NORTH CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**520 N.E. 38TH ST.
APARTMENT 19
MIAMI FL 33137**

**520 N.E. 38TH ST.
APARTMENT 19
MIAMI FL 33137-3769**



3. Date Incorporated or Qualified
07/02/1973

3a. Date of Last Report
07/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-1532222

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PINEIRO, DR. ROBERT
520 N.E. 38TH ST.
APARTMENT 19
MIAMI FL 33137**

81 Name

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

83

84 City

FL

85 Zip Code

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 AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PINEIRO, ROBERT	
STREET ADDRESS	520 NE 38TH ST 19	
CITY-ST-ZIP	MIAMI FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	CRUCET, ANGELINA	
STREET ADDRESS	520 NE 38TH STREET #23	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MORGAN, MOIRA	
STREET ADDRESS	520 NE 38TH ST	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLATE, BONNIE	
STREET ADDRESS	2125 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PEREZ, JOSE A.	
STREET ADDRESS	3420 SW 13TH TERRACE	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Angelina Crucet 4/3/97 (305 573 1857)

CR2E037 (9/96)