2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005369

FILED May 07, 2009 Secretary of State

Entity Name: SOUTH POINTE COVE CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

2103 CORAL WAY 2123 CORAL WAY

CORAL GABLES, FL 33145 STE 111

CORAL GABLES, FL 33145

New Mailing Address: Current Mailing Address:

2103 CORAL WAY 2123 CORAL WAY

STE 111 CORAL GABLES, FL 33145 CORAL GABLES, FL 33145

FEI Number: 75-3171464 FEI Number Applied For () FEI Number Not Applicable ()

Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Electronic Signature of Registered Agent

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RODRIGUEZ, JAIRO JAVIER GUADAYOL, P.A 2103 CORAL WAY 13412 SW 128TH STREET

STE 111 MIAMI, FL 33186 CORAL GABLES, FL 33145 US

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.

SIGNATURE: JAVIER GUADAYOL 05/07/2009

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

(X) Change () Addition () Delete

RODRIGUEZ, JAIRO RODRIGUEZ, JAIRO Name: Name: 2103 CORAL WAY STE 111 Address: 2123 CORAL WAY Address:

City-St-Zip: CORAL GABLES, FL 33145 US City-St-Zip: CORAL GABLES, FL 33145 US

Title: SD () Delete Title: TREA (X) Change () Addition MUNOZ, MIGDALIA Name: MUNOZ, MIGDALIA Name:

Address: 2103 CORAL WAY STE 111 Address: 2123 CORAL WAY City-St-Zip: CORAL GABLES, FL 33145 US City-St-Zip: CORAL GABLES, FL 33145 US

Title: VPD () Delete Title: SC (X) Change () Addition VARGAS, OSCAR F Name: MARTINEZ, ROSA Name:

2103 CORAL WAY STE 111 Address: Address: 2123 CORAL WAY

City-St-Zip: CORAL GABLES, FL 33145 US City-St-Zip: CORAL GABLES, FL 33145 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAIRO RODRIGUEZ PD 05/07/2009