



2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000002643 1. Entity Name WASHINGTON POINTE CONDOMINIUM ASSOCIATION, INC.			FILED 08 AUG 18 PM 1:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 324 WASHINGTON AVENUE MIAMI BEACH, FL 33139		Mailing Address % ATER REGISTERED AGENTS, LLC 2601 SOUTH BAYSHORE DR., SUITE 700 COCONUT GROVE, FL 33133	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 7446 SW 48 ST Suite, Apt. #, etc. MIAMI, FL 33155 USA	
6. Name and Address of Current Registered Agent ATER REGISTERED AGENTS, LLC 2601 SOUTH BAYSHORE DRIVE SUITE 700 COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent Name: MARIA Perez Vilar Street Address (P.O. Box Number is Not Acceptable): 7446 SW 48 ST City: MIA, FL 33155	
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.			
SIGNATURE: <i>Maria Perez Vilar</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: 7/31/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P D NAME: DENNIS, JOHN STREET ADDRESS: 324 WASHINGTON AVENUE - UNIT E CITY-ST-ZIP: MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition 708134141007 08/08/08--0000--006 **297.50
TITLE: S D NAME: MCKNIGHT, PETER STREET ADDRESS: 324 WASHINGTON AVENUE - UNIT D CITY-ST-ZIP: MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900134552839 08/18/08--01055--002 **297.50
TITLE: T NAME: FANNING, GABRIELLA STREET ADDRESS: 324 WASHINGTON AVENUE - UNIT D CITY-ST-ZIP: MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition DYLAN ONELL, TD 19 HARVARD ROAD SHOREHAM, NY 11786
TITLE: T NAME: VILAR, MARIA PEREZ STREET ADDRESS: 7446 SW 48TH STREET CITY-ST-ZIP: MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>John Dennis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 7/31/08 305-726-6642 <small>Date Daytime Phone #</small>	


REINSTATEMENT 07-08
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