2001 UNIFORM BUSINESS RE On! (UBn) DOCUMENT# N /2473 May 07, 2001 8:00 am 1. Entity Name Point Homeowners Assoc, INC. Secretary of State 05-07-2001 90001 017 \*\*\*\*61.25 Principal Place of Business Mailing Address Greenlite Property Mant 141 NW 20th St Ste F.Z 5701 NW 60+h St PARKLAND, F1 33067 BOCA RATON, FI 33431 AU062564 2. Principal Place of Business 3. Mailing Address C/0 40 Suite Community Association Svcs., Inc. DO NOT WRITE IN THIS SPACE Community Association Svcs., Inc. Ste. 250 951 Broken Sound Pky, NW 951 Broken Sound Pky. NW Applied For 4. FEI Number Boca Raton, FL 33487-3531 Boca Raton, FL 33487-3531 59-2614030 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Silver stein, Korman Community Association Svcs., Inc. C/O-Greenlite Street Ac 141 NW 20 St Ste. 250 951 Broken Sound Pky. NW Boca Raton, FL 33487-3531 BOCA RATON, Fl 33431 City Zip Code 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. SIGNATURE FIL Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS VPD ☐ Delete TITLE ☐ Addition Millener, Jim 6270 NW 58 th WAY NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARKLAND, F/ 33067 TITLE ☐ Addition Delete TITLE Newhouse, CARL 6501 NW 68 MANOR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PArkLAND, Fl 33067 TITLE -\_ Delete \_ \_ Change Cole, MARK. NAME NAME 5941 NW 65th Court 141 NW 20 ST STREET ADDRESS STREET ADDRESS BOCA RATON, FI PARKLAND, Fl 33062 CITY-ST-ZIP CITY-ST-ZIP Change TITLE □ Delete TITLE Addition SWEENEY BARBARA 6101 NW 60 TETT. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PACKLAND, FI 33067 CITY-ST-ZIP TITLE Delete TITLE **Change** Addition Lutx, Gloria 5851 Holmberg ROAD Draper, Lisa NAME NAME STREET ADDRESS 41 NW 20 St STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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 exprovered. Carl J Nechous pres SIGNATURE: SIGNATURE AND TYPED OR PENTED NAME OF SIGNING OFFICER OR DIRECTOR