

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90834 037 \*\*\*\*61.25

**DOCUMENT # N94000003123**

1. Entity Name

**SOUTH TOWER AT THE POINT CONDOMINIUM ASSOCIATION**

Principal Place of Business

Mailing Address

~~20803 BISCAYNE BLVD-~~  
~~SUITE 103~~  
~~AVENTURA FL 33180~~~~20803 BISCAYNE BLVD-~~  
~~SUITE 103~~  
~~AVENTURA FL 33180~~

2. Principal Place of Business

**5555 Anglers Ave.**

3. Mailing Address

**5555 Anglers Ave.**

Suite, Apt. #, etc.

**Suite 1**

Suite, Apt. #, etc.

**Suite 1**

City &amp; State

**Fort Lauderdale, FL**

City &amp; State

**Fort Lauderdale, FL**

4. FEI Number

**65-0579504**

Applied For

Not Applicable

Zip  
**33312**Country  
**USA**Zip  
**33312**Country  
**USA**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WOLFE, LEON J.~~  
~~100 SE SECOND ST.~~  
~~35TH FLOOR, INTERNATIONAL PLACE~~  
~~MIAMI FL 33131~~

Name

**Registered Agents of Florida, LLC**

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

**100 Southeast Second Street**

Suite 3500

City

**Miami****FL**Zip Code  
**33131**

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

**Howard J. Vogel, VP****4/5/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>BURRIS, DAVID</b>	
STREET ADDRESS	<del>20803 BISCAYNE BLVD SUITE 103</del>	
CITY-ST-ZIP	<del>AVENTURA FL 33180</del>	
TITLE	<del>DVST</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>BIRSIC, EDWARD</del>	
STREET ADDRESS	<del>20803 BISCAYNE BLVD SUITE 103</del>	
CITY-ST-ZIP	<del>AVENTURA FL 33180</del>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>TACHER, ROBERTA</b>	
STREET ADDRESS	<del>20803 BISCAYNE BLVD SUITE 103</del>	
CITY-ST-ZIP	<del>AVENTURA FL 33180</del>	
TITLE	<b>DVST</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5555 Anglers Ave., Suite 1</b>	
STREET ADDRESS	<b>Fort Lauderdale, FL 33312</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5555 Anglers Ave., Suite 1</b>	
STREET ADDRESS	<b>Fort Lauderdale, FL 33312</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 another like empowered.

SIGNATURE:

**Michael Gentry 4-24-01 954-620-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)