


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90015 024 \*\*\*\*70.00

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # N94000003123</b>   |  |  |   |   |  |
| <b>1. Entity Name</b><br>SOUTH TOWER AT THE POINT CONDOMINIUM ASSOCIATION, INC.  |  |  |   |  |  |
| <b>Principal Place of Business</b><br>21055 YACHT CLUB DRIVE<br>MANAGER'S OFFICE<br>AVENTURA, FL 33180 US  |  |  | <b>Mailing Address</b><br>21055 YACHT CLUB DRIVE<br>MANAGER'S OFFICE<br>AVENTURA, FL 33180 US |  |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>  |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |  |  |
| City & State   |  | City & State   |   |  |  |
| Zip  | Country  | Zip  | Country   | <b>4. FEI Number</b><br>65-0579504   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  |  |   | <b>Applied For</b><br>Not Applicable   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>HYMAN, KAPLAN, GANGUZZA, SPECTOR & MARS, PA<br>MUSEUM TOWERS 27TH FLOOR<br>150 WEST FLAGLER STREET<br>MIAMI, FL 33130  |  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name: <u>Glazer and Associates, P.A.</u><br>Street Address (P.O. Box Number is Not Acceptable): <u>1920 E. Hallandale Beach Blvd.</u><br>City: <u>Hallandale</u> FL Zip Code: <u>33009</u> |  |
| <b>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.</b>   |  |  |   |  |  |
| SIGNATURE: <u>[Signature]</u> <u>President</u> <u>1-9-04</u><br><small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |  |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br>RUBINSTEIN, EDUARDO <input type="checkbox"/> Delete<br>21055 YACHT CLUB DRIVE, #601<br>AVENTURA, FL 33180      |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VPD</b><br>SIMONETTI, ANTHONY <input type="checkbox"/> Delete<br>21055 YACHT CLUB DRIVE, #3210<br>AVENTURA, FL 33180    |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S</b><br>COIFFMAN-YOHROS, SANDRA <input type="checkbox"/> Delete<br>21055 YACHT CLUB DRIVE, #406<br>AVENTURA, FL 33180  |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T</b><br>FINEMAN, LES <input type="checkbox"/> Delete<br>21055 YACHT CLUB DRIVE, #1209<br>AVENTURA, FL 33180            |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br>MARK, HELENE <input checked="" type="checkbox"/> Delete<br>21055 YACHT CLUB DRIVE, #1802<br>AVENTURA, FL 33180 |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br>LAUNUS, CHERYL DIANE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>21055 YACHT CLUB DRIVE, # 701<br>AVENTURA, FL 33180   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>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 empowered.</b> |  |  |   |  |  |
| <b>SIGNATURE:</b> <u>[Signature]</u> <u>02 10 04</u> <u>(305) 792-9415</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |  |   |  |  |

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