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Mar 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003132

1. Corporation Name
NORTH TOWER AT THE POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 20803 BISCAYNE BLVD SUITE 103 AVENTURA FL 33180	Mailing Address 20803 BISCAYNE BLVD SUITE 103 AVENTURA FL 33180
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2. Principal Place of Business 21 21205 Yacht Club Drive Suite, Apt. #, etc. 22 City & State 23 Aventura FL Zip Country 24 33180 25 USA	2a. Mailing Address 26 c/o Glen Management Services Suite, Apt. #, etc. 27 4301 Oak Circle, #23 City & State 28 Boca Raton FL Zip Country 29 33431 30 USA	3. Date Incorporated or Qualified 06/24/1994	4. FEI Number 65-0665268 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Andrew C. Glen**
 82 Street Address (P.O. Box Number is Not Acceptable)
Glen Management Services
 83 **4301 Oak Circle, Suite 23**
 84 City **Boca Raton** FL 85 Zip Code **33431**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **A. GLEN** DATE **3/15/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	EPSTEIN, MORTON A 21205 YACHT CLUB DR, #1402 AVENTURA FL 33180 <i>President</i>	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVST	ACKERMAN, ROBERT C 20803 BISCAYNE BLVD SUITE 103 AVENTURA FL 33180	2.1 TITLE Fredric Blank V.P./Sec. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DP	TACHER, ROBERTA 20803 BISCAYNE BLVD SUITE 103 AVENTURA FL	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Joe VAZQUEZ 21205 NE 37 AVE APT 1905 Aventura FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIG Fredric Blank** DATE: **3/19/99** DAYTIME PHONE #: **305 932-6259**

CR2E037 (1/198)