
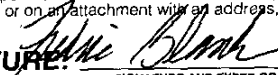


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90023 009 ****61.25

DOCUMENT # N94000003132 1. Entity Name NORTH TOWER AT THE POINT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 21205 YACHT CLUB DR MGT. OFFICE AVENTURA, FL 33180			Mailing Address 21205 YACHT CLUB DR MGT. OFFICE AVENTURA, FL 33180		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HERMAN, HARLAN 21205 YACHT CLUB DRIVE #1602 AVENTURA, FL 33180				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERMAN, HARLAN		NAME		
STREET ADDRESS	21205 YACHT CLUB DRIVE #1602		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POSNEY, GARY D		NAME	D Posner, GARY	
STREET ADDRESS	21205 YACHT CLUB DRIVE #906		STREET ADDRESS	21205 Yacht Club DR. # 906	
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP	Aventura FL 33180	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLANK, FREDRIC		NAME		
STREET ADDRESS	21205 NE 37 AVENUE APT 1704		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARLAN, HERMAN		NAME		
STREET ADDRESS	21205 YACHT CLUB DRIVE # 1602		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEIN, HOWARD		NAME		
STREET ADDRESS	21205 YACHT CLUB DRIVE # 904		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GANIS, MILTON		NAME	V GANIS, Milton	
STREET ADDRESS	21205 YACHT CLUB DR #1806		STREET ADDRESS	21205 Yacht Club dr. #1806	
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP	Aventura FL 33180	
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.					
SIGNATURE  Fredric Blank			1-5-03 305-933-5456		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					