FEI Number: 65-0458591			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
ROSAS, BARB 8785 SW 165 A STE 200 MIAMI, FL 331	VE			
The above name	d entity submits this statement for the purpose of changing	g its registered office or regis	tered agent, or both, in the State of	Florida.
SIGNATURE	E: BARBARA ROSAS			03/22/2016
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PD	Title	TD	
Name	GONZALEZ, ILEANA	Name	ROSSINI, SANDRA	
Address	PO BOX 961435	Address	PO BOX 961435	
City-State-Zip:	MIAMI FL 33296-1435	City-State-Zip:	MIAMI FL 33296-1435	
Title	SECRETARY			
Name	CHAVEZ, IDIS			
Address	PO BOX 961435			
City-State-Zip:	MIAMI FL 33296-1435			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ILEANA GONZALEZ

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/22/2016

8785 SW 165 AVE STE 200 MIAMI, FL 33193

#### **Current Mailing Address:**

PO BOX 961435 MIAMI, FL 33296-1435 US

### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N9400000034

Entity Name: POINT LAKE VILLAS CONDOMINIUM ASSOCIATION, INC.

## **Current Principal Place of Business:**

IIUM ASSOCIATION, INC.

# FILED Mar 22, 2016 Secretary of State CC8354702014

Date