

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003123

**Entity Name:** SOUTH TOWER AT THE POINT CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Jan 04, 2017**  
**Secretary of State**  
**CC5764720897****Current Principal Place of Business:**21055 YACHT CLUB DRIVE  
MANAGER'S OFFICE  
AVENTURA, FL 33180**Current Mailing Address:**21055 YACHT CLUB DRIVE  
MANAGER'S OFFICE  
AVENTURA, FL 33180 US**FEI Number: 65-0579504****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.  
ALHAMBRA TOWERS  
121 ALHAMBRA PLAZA, 10TH FLOOR  
CORAL GABLES, FL 33134 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title VP  
Name MARKS, LINDA  
Address 21055 YACHT CLUB DRIVE  
MANAGER'S OFFICE  
City-State-Zip: AVENTURA FL 33180Title DIRECTOR  
Name HEICHMAN, TEDDY  
Address 21055 YACHT CLUB DRIVE  
MANAGER'S OFFICE  
City-State-Zip: AVENTURA FL 33180Title TREASURER  
Name MANIS, JAMES  
Address 21055 YACHT CLUB DRIVE  
MANAGEMENT OFFICE  
City-State-Zip: AVENTURA FL 33180Title SECRETARY  
Name NAPCHAN, MARCOS  
Address 21055 YACHT CLUB DRIVE  
MANAGEMENT OFFICE  
City-State-Zip: AVENTURA FL 33180Title PRESIDENT  
Name TAFURT, ANTONIO  
Address 21055 YACHT CLUB DRIVE  
MANAGER'S OFFICE  
City-State-Zip: AVENTURA FL 33180

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: ANTONIO TAFURT****PRESIDENT****01/04/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date