FILE NOW: FILING FEE IS $61.25

FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **710327** **(8)**

1. Corporation Name

POINT EAST ONE CONDOMINIUM CORPORATION, INC.

Principal Place of Business	Mailing Address
2695 POINT EAST DRIVE MIAMI FL 33160	2695 POINT EAST DRIVE MIAMI FL 33160

3. Date Incorporated or Qualified: 02/08/1966

4. FEI Number: 59-1281661 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HERZ, DONALD
2930 POINT EAST DRIVE E114
MIAMI FL 33160

10. Name and Address of New Registered Agent

81 Name: Robinson and Marks, P.A., PAUL ROBINSON, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 1590 NE 162 STREET
83: Suite 200
84 City: North Miami Beach **FL** 85 Zip Code: 33162

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: _____ PAUL ROBINSON, ESQ. 4/14/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #12		
TITLE	D	☑ DELETE	1.1 TITLE	PTD	☐ Change ☑ Addition
NAME	HERZ, DONALD		1.2 NAME	SHIRLEY FRANK	
STREET ADDRESS	2930 POINT EAST DRIVE E114		1.3 STREET ADDRESS	2980 POINT EAST DRIVE # D-307	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	AVENTURA, FL. 33160	
TITLE	VPD	☑ DELETE	2.1 TITLE	SD	☐ Change ☑ Addition
NAME	SNEIDER, RYNA		2.2 NAME	SYLVIA GILBERT	
STREET ADDRESS	2980 POINT EAST DR, D-104		2.3 STREET ADDRESS	2999 POINT EAST DRIVE # C109	
CITY-ST-ZIP	N MIAMI BCH FL		2.4 CITY-ST-ZIP	AVENTURA, FL. 33160	
TITLE	SD	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	NUNES, LUIS		3.2 NAME	PAUL MEYER	
STREET ADDRESS	2999 POINT E DR, C-201		3.3 STREET ADDRESS	2999 POINT EAST DRIVE # C112	
CITY-ST-ZIP	N MIAMI BCH FL		3.4 CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE	P	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MANDIA, MILLIE		4.2 NAME		
STREET ADDRESS	2999 POINT E DR, C-502		4.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE	VD	☑ Change ☐ Addition
NAME	SZEKELY, EVA		5.2 NAME		
STREET ADDRESS	2999 POINT EAST DR., C-614		5.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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.

SIGNATURE: Shirley G. Frank 4/7/98 (305)931-3960
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #