2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # 710327

1. Entity Name
POINT EAST ONE CONDOMINIUM CORPORATION, INC.

Principal Place of Business	Mailing Address
2895 POINT EAST DRIVE AVENTURA, FL 33160	2895 POINT EAST DRIVE AVENTURA, FL 33160

01032008 No Chg-NP CR2E037 (4/06)

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

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

6. Name and Address of Current Registered Agent

COHEN, MEL
2930 POINT EAST DRIVE
APT E402
AVENTURA, FL 33160

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

U00000782004
01/15/08-80057-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DOMBROSKI, BARABARA
STREET ADDRESS	2980 POINT EAST DRIVE D-111
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	VP
NAME	MARLENE, BOUGIE
STREET ADDRESS	2929 POINT EAST DRIVE A-301
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	P
NAME	COHEN, MEL
STREET ADDRESS	2930 POINT EAST DR APT E 402
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	T
NAME	SOLTANO, MURRAY
STREET ADDRESS	2930 POINT EAST DR APT E-414
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	D
NAME	MANDIN, CARMELA
STREET ADDRESS	2999 POINT EAST DR APT C-502
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1/10/08 305 931 3960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #