


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90199 032 \*\*\*\*61.25

<b>DOCUMENT # 713293</b> 1. Entity Name <b>POINT EAST FOUR CONDOMINIUM CORPORATION, INC.</b>					
Principal Place of Business <b>2895 POINT EAST DRIVE N. MIAMI BEACH FL 33160</b>			Mailing Address <b>2895 POINT EAST DRIVE N. MIAMI BEACH FL 33160</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <div style="text-align: right;"><b>59-1279380</b></div> <div style="text-align: right;">Applied For Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		1st MOORE      CR2E037 (10/06)			
6. Name and Address of Current Registered Agent  <b>GLAZER, ERIC 1920 E. HALLANDALE BEACH BLVD. 8TH FLOOR HALLANDALE FL 33009</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>TAKS, MEL</b> <b>3030 MARCOS DR., APT T-503</b> <b>AVENTURA FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>FINDLAY, SALLY-ANN</b> <b>3020 MARCOS DRIVE APT.#S-411</b> <b>AVENTURA FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TRES</b> <b>COHEN, GEORGE</b> <b>3020 MARCOS DR APT. S-101</b> <b>AVENTURA FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer &amp; President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>BACR, GERALD</b> <b>3030 MARCOS DR., APT T-414</b> <b>AVENTURA FL 33160</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Alongi, Vito</b> <b>3010 Marcos Drive, Apt R605</b> <b>Aventura, FL. 33160</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>COHEN, GEORGE</b> <b>3030 MARCOS DR., APT S-101</b> <b>AVENTURA FL 33160</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <input checked="" type="checkbox"/> Delete <b>GROSSMAN, DALE</b> <b>3020 MARCOS DR., APT S-401</b> <b>AVENTURA FL 33160</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b> <i>George Cohen, President</i> <b>4/17/07</b> <b>305-931-3960</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone *</small>					