

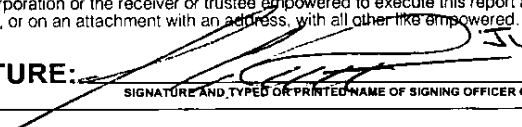


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90037 002 \*\*\*\*61.25

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # 714533</b><br>1. Entity Name<br>POINT OF AMERICAS CONDOMINIUM APARTMENTS, INC.   |   |   |   |                                  |  |
| Principal Place of Business<br>2100 SOUTH OCEAN LANE<br>FORT LAUDERDALE, FL 33316  |   |   | Mailing Address<br>2100 SOUTH OCEAN LANE<br>FORT LAUDERDALE, FL 33316 |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |   | <b>40053799</b><br><br>         |  |
| City & State   |   | City & State  |   | 4. FEI Number<br><b>59-1283863</b>  |  |
| Zip  |   | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BECKER &amp; POLIAKOFF, P.A.</b><br><b>3111 STIRLING ROAD</b><br><b>FT. LAUDERDALE, FL 33312</b>   |   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |   |   |   | DATE  |  |
| SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |   |   |   | DATE  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>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>   |   |   |   | <b>10. OFFICERS AND DIRECTORS</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>GILL, RICHARD T<br>2200 S. OCEAN LANE<br>FORT LAUDERDALE, FL 33316   | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | P<br>Harry Benedict<br>2100 S. Ocean Lane<br>Fort Lauderdale, FL 33316  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>HAM, KENNETH A<br>2200 S. OCEAN LANE<br>FORT LAUDERDALE, FL 33316   | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | VD<br>Leonard Abrams<br>2200 S. Ocean Lane<br>Fort Lauderdale, FL 33316   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>KAY, PATRICIA<br>2100 S. OCEAN LANE<br>FORT LAUDERDALE, FL 33316    | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | SD<br>Juan T. Ruth<br>2200 S. Ocean Lane<br>Fort Lauderdale, FL 33316   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | AS<br>RAKER, ROBERT E<br>2100 S. OCEAN LANE<br>FORT LAUDERDALE, FL 33316  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | TD<br>Daniel Waldron<br>2100 S. Ocean Lane<br>Fort Lauderdale, FL 33316   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | AT<br>PIMENTEL, MERCEDES<br>2200 S OCEAN LANE<br>FT. LAUDERDALE, FL 33316 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | AT<br>Robert Raker<br>2100 S. Ocean Lane<br>Fort Lauderdale, FL 33316   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>MCFARLANE, GARY<br>2100 S. OCEAN LANE<br>FORT LAUDERDALE, FL 33316  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | AS<br>Christina Ashley<br>2200 S. Ocean Lane<br>Ft. Lauderdale, FL 33316  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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. |   |   |   |   |  |
| <b>SIGNATURE:</b>  <b>JUAN T. RUTH</b><br>SIGNATURE AND, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   |   |   |  |
| Date <b>3/12/08</b>  |   |   |   | Daytime Phone # <b>954-522-5446</b>   |  |

ATTACHMENT

40053799

#714533

ADDITIONAL DIRECTORS

- D John Henry Falk
- D Bradley D. Greenleaf
- D James K. Guerin
- D Alan T. Krawczak
- D Howard R. Messing
- D May Bergeron
- D Donna Cappadona
- D Patricia Kay
- D Robert Kelsey
- D Anthony Marzilli
- D Gary Mc Farlane