2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 06, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # 725915 POINT CONDOMINIUM	07-06-2	2004 90118	003 ****70	0.00			
Principal Place of Business Mailing Address 8361 SANDS POINT BLVD. 8361 SANDS POINT BLVD. TAMARAC, FL 33321 TAMARAC, FL 33321						自衛服 服制点 斯拉曼特 衛 服制	menel Miñes dons a lhi	riër ë r Lapr
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CR2E	037 (10/03)	
City & State		City & State	City & State		4. FEI Number 59-1541639			plied For t Applicable
Zip	Country	Zíp	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Cui	rent Registered Agent			7. Name and Address of	New Registered	d Agent	
SCHNIDE	R, JOSEPH	Na				···		
	DS POINT BLVD. C, FL 33321	Str	eet Address (P.O. Box Number is Not Acc	eptable)			
				y		F	Zip Code	е
	named entity submits this statem forc of registered agent.	Scheel	its registered off				6-38	
ļ	Filing Fee is \$61.25 by September 8, 2004	Trust Fur	Campaign Finance of Contribution.		\$5.00 May Be Added to Fees	Florida Dep	ck payable to artment of St	ate
10.	OFFICERS AN	D DIRECTORS	nd Contribution.		\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO	Florida Dep	artment of St	ate 10
10. TITLE NAME	OFFICERS AN PD SCHNIDER, JOSPEH	Trust Fur	11. TITLE NAME	Trac	Added to Fees ADDITIONS/CHANGES TO	Florida Dep	artment of St	ate
10.	OFFICERS AN	D DIRECTORS	11.	TOS	Added to Feeb ADDITIONS/CHANGES TO CO.	Florida Depo FFICERS AND I	artment of St	ate 10
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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:	Xum	B. Smith	KENIN B. SHITH	043904	954-770-0459
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #