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TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 755980

1. Corporation Name

THE POINT AT DELRAY CONDOMINIUM ASSOCIATION, INC

[redacted]

Principal Place of Business	Mailing Address
243 CANAL POINT SOUTH DELRAY BEACH FL 33444-1870	243 CANAL POINT SOUTH DELRAY BEACH FL 33444-1870

2. Principal Place of Business	2a. Mailing Address	
21	26	3. Date Incorporated or Qualified: 01/20/1981
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number: 59-2256777 ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHREIBER, LYNN 400 CANAL PT SOUTH UNIT 131 DELRAY BEACH FL 33444 x delete	81 Name: Judith A Bump 82 Street Address (P.O. Box Number is Not Acceptable): 111 Canal Pt NO 83 Delray Beach 84 City: FL 85 Zip Code: 33444

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 X Judith Bump Sect   3-30-99
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	Vice-President ☐ Change ☒ Addition
NAME	GOMER, TINA	1.2 NAME	Charles Alexander
STREET ADDRESS	129 CANAL POINTS	1.3 STREET ADDRESS	140 Canal Pt. So.
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	Delray Beach, Fl 33444 D
TITLE	TD ☒ DELETE	2.1 TITLE	Treasurer ☐ Change ☒ Addition
NAME	SCHREIBER, LYNN	2.2 NAME	Anne Woehle
STREET ADDRESS	131 CANAL POINT S.	2.3 STREET ADDRESS	118 Canal Pt. So.
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	Delray Beach, Fl 33444 D
TITLE	SD PRESIDENT ☐ DELETE	3.1 TITLE	Director ☐ Change ☒ Addition
NAME	NURO, GENIE	3.2 NAME	Chuck Svirk, Sr.
STREET ADDRESS	140 CANAL POINTS	3.3 STREET ADDRESS	2337 SW 23rd Cranbrook Dr.
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	Boynton Beach, Fl 33436 D
TITLE	JUDY BUMP Sect. ☐ DELETE	4.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	111 CANAL PT NO 33444	4.2 NAME	TINA GOMER
STREET ADDRESS	DELRAY Beach FL	4.3 STREET ADDRESS	129 CANAL PT. So
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DELRAY BCH. FL 33444 D
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	2/24/99 900067 013 [illegible] 25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: X ~~SIGNATURE REQUIRED~~ Judith Bump   1-17-99   561-395-3848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #