## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 21, 2008 8:00 am Secretary of State

PROTECTION TO ADMINISTRATION OF THE PART O	1. Entity Nam	MENT # 758149  MENT I CONDOMINIUM A	SSOCIATION, INC.				02-21-2008	3 90022 00	9 ****6	1.25
Sulle, Apt. 4, etc.    Sulle, Apt. 4, etc.   City & State   City & State   City & State   A. FEI Number   S9-2205181   Applied for   Name and Address of Current Registered Agent.   Fee Required   Fee R	POINTE MANAGEMENT GROUP 75 NE 6TH AVENUE #206		POINTE MANAGEMENT GROUP 75 NE 6TH AVENUE #206							
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  Read Applied For Not Applicable  Read Required  Fire Required	2. Principal P	face of Business - No P.O. Box #	3. Mailing Address				1   1   1   1   1   1   1   1   1   1			
Signature   Sign	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01072008	Chg-NP	CR2E037	(12/06)	
S. Name and Address of Current Registered Agent . 7. Name and Address of New Registered Agent . 7. Name and Address . 7.	City & Stat	θ	City & State						<u> </u>	<u></u>
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country		5. Certificate of	of Status Desired			
ESTEBANEZ, ERIC C/O POINTE MANAGEMENT GROUP 75 NORTHEAST 6TH AVENUE, SUITE #206  DELRAY BEACH, FL 33483  City FL  City F		6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered A	gent	
Street Address (P.O. Box Number is Not Acceptable)	ESTERAN	F7 FRIC		Name	•					
City   FL   Zip Code	C/O POIN	TE MANAGEMENT GROUP	±206	Street	Address	(P.O. Box Numbe	r is Not Acceptabl	le)		
8. The above named entity submits this statement for the purpose of changing its registered allico or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  Signitizini, hjörd of infinite name of registered agent and title 4 spokasible.  (NOTE: Registered Agent spokasive required when relevatatory).  DATE  FIIIng Foe is \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  ITILE NAME HARRINGTON, JERI-ANN SIREET ADDRESS OITY-ST-2P  TITLE NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME SIREET ADDRESS CITY-ST-2P  DELRAY BEACH, FL 33445  TITLE NAME SIREET ADDRESS CITY-ST-2P  DELRAY BEACH, FL 33445  TITLE NAME SIREET ADDRESS CITY-ST-2P  DELRAY BEACH, FL 33445  TITLE NAME SIREET ADDRESS CITY-ST-2P  DELRAY BEACH, FL 33445  TITLE NAME SIREET ADDRESS CITY-ST-2P  DELRAY BEACH, FL 33445  TITLE NAME SIREET ADDRESS CITY-ST-2P  DELRAY BEACH, FL 33445  TITLE NAME SIREET ADDRESS CITY-ST-2P  DELRAY BEACH, FL 33445  TITLE NAME SIREET ADDRESS CITY-ST-2P  Delete  TITLE NAME SIREET ADDRESS CITY-ST-2P  Delete TITLE NAME SIREET ADDRESS CITY-ST-2P  Delete TITLE NAME SIREET ADDRESS CITY-ST-2P  Delete TITLE NAME SIREET ADDRESS CITY-ST-2P  DELRAY BEACH, FL 33445  TITLE NAME SIREET ADDRESS CITY-ST-2P  Delete TITLE NAME SIREET ADDRESS CITY-ST-2P  DELRAY BEACH, FL 33445  CITY-ST-2P  Delete TITLE NAME SIREET ADDRESS CITY-ST-2P  Delete TITLE NAME SIREET ADDRESS CITY-ST-2P  DELRAY BEACH, FL 33445  CITY-ST-2P  DELRAY BEACH, FL 33445  CITY-ST-2P  DELRAY BEACH, FL 33445  CITY-ST-2P  DELRAY BEACH, FL 3344										
SIGNATURE Sprinklin, hijford or imprished raume of registered agent and see of appolatioble.    Signature   Suprishine, hijford or imprished raume of registered agent and see of appolatioble.   Signature   Suprishine, hijford or imprished raume of registered agent and see of appolatioble.   Signature   St. 200				City				FL	Zip Code	e
Filling Fee Is \$61.25   Due by May 1, 2008   Provision frame of registered Agont sort wife of application of the part of State			r the purpose of changing its	egistered office	or registe	red agent, or both	n, in the State of F	lorida. I am fa	ımiliar with,	and accept
Filling Fee Is \$61.25   Due by May 1, 2008   Provision frame of registered Agont sort wife of application of the part of State	. ,									
Filing Fee Is \$61.25   S. Election Campaign Financing   S. 5.00 May Be Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS	SIGNATURE	5	·							
TITLE		Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent sig	nature require	d when reinstating)		, DATE		
HARRINGTON, JERI-ANN STREET ADDRESS CITY-ST-ZPP DELRAY BEACH, FL 33445  TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE PD SKALA, LAYONNE STREET ADDRESS CITY-ST-ZPP TITLE SCHAMAE STREET ADDRESS CITY-ST-ZPP TITLE STREET ADDRE		Signátüre, týped őr printed name of registered agent:	9. Election Cam Trust Fund C	paign Financing		\$5.00 May Be	7	Make check		
STREET ADDRESS   CITY-ST-ZIP   DELRAY BEACH, FL 33445   STREET ADDRESS   CITY-ST-ZIP		Signéture, yped or printed name of registered agents Filling Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Financing	· 🗆	\$5.00 May Be Added to Fees	Flo	Make check rida Departi	ment of St	tate
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TITLE NAME SKALA, LAVONNE STREET ADDRESS CITY-ST-ZIP  TITLE SD DELRAY BEACH, FL 33445  TITLE NAME WHITE, ANGELA SW 22ND AVE #104  STREET ADDRESS CITY-ST-ZIP  TITLE NAME WHITE, ANGELA STREET ADDRESS CITY-ST-ZIP  TITLE SD DELRAY BEACH, FL 33445  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREE	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIF  TD  HARRINGTON, JERI-ANN 2425 SW 22ND AVE #201  DELRAY BEACH, FL 33445  VP  FRISK, RICHARD	9. Election Cam Trust Fund Co	paign Financing ontribution.  11.  TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	s s	\$5.00 May Be Added to Fees	Flo	Make check orida Departi ERS AND DIRI	ment of St	I 10 → S Addition
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12.1 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 are entired 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-02 56/-2/3-1593
Date Dayline Prone #