

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771186

FILED
Feb 21, 2006
Secretary of State

Entity Name: POINT VIEW ASSOCIATION, INC.

Current Principal Place of Business:

1408 BRICKELL BAY DR
1211
MIAMI, F 33131 US

Current Mailing Address:

1408 BRICKELL BAY DR
1211
MIAMI, F 33131 US

New Principal Place of Business:

1450 BRICKELL BAY DR
2003
MIAMI, F 33131 US

New Mailing Address:

1450 BRICKELL BAY DR
2003
MIAMI, F 33131 US

FEI Number: 59-2427470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAMORA, NELLY
1408 BRICKELL BAY DR
APT. 1211
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

PEREZ, JOAQUIN
1450 BRICKELL BAY DR
2003
MIAMI, FL 33131 US

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.

SIGNATURE: JOAQUIN PEREZ

02/21/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ZAMORA, NELLY
Address: 1408 BRICKELL BAY DR
City-St-Zip: MIAMI, FL

Title: DS () Delete
Name: ALFARO, ESPERANZA
Address: 1430 BRICKELL BAY DR
City-St-Zip: MIAMI, FL

Title: DV () Delete
Name: MCCORMICK, SYLVIA
Address: 1440 BRICKELL BAY DR
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: RODRIGUEZ, CARMAN A
Address: 1402 BRICKELL BAY DR
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete
Name: PEREZ, JOAQUIN
Address: 1450 BRICKELL BAY DR
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PEREZ, JOAQUIN
Address: 1450 BRICKELL BAY DR
City-St-Zip: MIAMI, FL 33131

Title: DS (X) Change () Addition
Name: ALFARO, ESPERANZA
Address: 1430 BRICKELL BAY DR
City-St-Zip: MIAMI, FL 33131

Title: DV (X) Change () Addition
Name: MCCORMICK, SYLVIA
Address: 1440 BRICKELL BAY DR
City-St-Zip: MIAMI, FL 33131

Title: D (X) Change () Addition
Name: RODRIGUEZ, CARMEN A
Address: 1402 BRICKELL BAY DR
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAQUIN PEREZ

DP

02/21/2006

Electronic Signature of Signing Officer or Director

Date