

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771186

FILED
Apr 21, 2008
Secretary of State

Entity Name: POINT VIEW ASSOCIATION, INC.

Current Principal Place of Business:

1450 BRICKELL BAY DR
2003
MIAMI, F 33131 US

New Principal Place of Business:

Current Mailing Address:

1450 BRICKELL BAY DR
2003
MIAMI, F 33131 US

New Mailing Address:

FEI Number: 59-2427470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

Title: D () Delete
Name: WILKE, RICHARD A
Address: 1408 BRICKELL BAY DR
City-St-Zip: MIAMI, FL 33131

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WILKE, RICHARD
Address: 1408 BRICKELL BAY DR
City-St-Zip: MIAMI, FL 33131

Title: D (X) Change () Addition
Name: PROCACCI, ANN MARIE
Address: 1430 BRICKELL BAY DRIVE
City-St-Zip: MIAMI, FL

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

I hereby certify that the information supplied with this filing does not qualify 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

04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date