FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 08, 2002 8:00 am § Secretary of State DOCUMENT # N0100006110 1. Entity Name 05-08-2002 90099 004 ****61.25 SPEAR AT AQUA CONDOMINIUM ASSOCIATION. INC. Principal Place of Business Mailing Address 1632 PENNSYLVANIA AVE. 1632 PENNSYLVANIA AVE. MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEWIS, HAROLD L ESQ ONE BISCAYNE TOWER, STE. 2400 2 S. BISCAYNE BLVD. **MIAMI FL 33131** Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Director, President, Secretary, Treasure TITI F Delete TITLE CR2E037 (9/01) Change ☐ Addition NAME ROBINS, CRAIG NAME STREET ADDRESS 1632 PENNSYLVANIA AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 Director, VICE Presidents Change TITLE ☐ Delete TITLE ☐ Addition NAME Gretenstein, Steve NAME STREET ADDRESS STREET ADDRESS 1632 PENNSYLVANIA AVE. CITY-ST-ZIP CITY-ST-7iP MIAMI BEACH FL 33139 TITLE Delete TITLE Change Addition NAME nesse, eric NAME STREET ADDRESS 1632 PENNSYLVANIA AVE. STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nation 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 pplemental leport 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 biver or trusten empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the info indicated on this report or of the corporation or the changed, or on an atta

SIGNATURE: