2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED DOCUMENT # N01000006110 1. Entity Name 2007 OCT 26 AM 8: 50 SPEAR AT AQUA CONDOMINIUM ASSOCIATION, INC. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 6103 AQUA AVENUE 201 AQUA AVENUE MIAMI BEACH, FL 33141 SUITE 100 MIAMI BEACH, FL 33141 2. Principal Place of Business - No P.O. Box # 3. Mailing Address AQUA SUC DUE Suite, Apt. #, etc 10092007 Chg-NP CR2E037 (12/06) 4. FEI Number 65-1157311 Applied For City & State City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HYMAN, SPECTOR & MAIS, LLP Street Address (P.O. Box Number is Not Acceptable) MUSEUM TOWER, 27TH FLOOR 150 WEST FLAGLER STREET MIAMI, FL 33130 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DP president TITLE TITLE ☐ Delete Change Taylorson, Hal 201 Aqual Avenue FATA, ROBERT NAME Silite #100 STREET ADDRESS 201 AQUA AVENUE, SUITE 100 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-7IP <u> Uicimi Beach</u> president DV ☐ Delete TITLE vice Change ☐ Addition TITLE TAYLORSON, HAL NAME NAME MUTCHNIK Mark STREET ADDRESS 201 AQUA AVENUE, SUITE 100 STREET ADDRESS 2014 qua Avenue CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP DST ☐ Delete becretary/Treasurer TITLE HILE ☐ Change NAME FATA, ROBERT NAME Swite # 100 Avenue STREET ADDRESS 201AQUA AVENUE, SUITE 100 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP DST ☐ Delete TITLE ☐ Change Addition TITLE MUTCHNIK, MARK NAME NAME 500112031: 11/06/07--01016--010 195 **61.25 STREET ADDRESS 201 AQUA AVE., SUITE #100 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 proof as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this proof as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this proof as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this proof as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this proof as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of the rec of the corporation or the receiver or trustee empowered to execute this changed, or on an attachment with an address, with all other like empowers. lock 10 or Block 11 if SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO