

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000003536

1. Entity Name
INTERNATIONAL POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
10850 N.W. 21 STREET
230/240
MIAMI, FL 33172

Mailing Address
10850 N.W. 21 STREET
230/240
MIAMI, FL 33172

2. Principal Place of Business
Suite, Apt. #, etc.
2510 NW 97 Ave #200

3. Mailing Address
Excel Management

City & State
Doral, FL

City & State
Doral, FL

Zip
33172

Country

Zip
33172

Country

6. Name and Address of Current Registered Agent
VAZQUEZ, MARIBEL
10850 N.W. 21 STREET
230/240
MIAMI, FL 33172

7. Name and Address of New Registered Agent
Name
Sylvia Pique

Street Address (P.O. Box Number is Not Acceptable)
C/O Excel Management Assoc.

2510 NW 97 Ave. # 200

City
Doral

FL

Zip Code
33172

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
Sylvia Pique

Signature, typed or printed name of registered agent and title if applicable.
Sylvia Pique

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
VAZQUEZ, MARIBEL
10850 N.W. 21 STREET
MIAMI, FL 33172

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV
SEGAL, SIMON
10850 N.W. 21 STREET
MIAMI, FL 33172

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DST
CUELLAR, MAYRA
10850 N.W. 21 STREET
MIAMI, FL 33172

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12122006 Chg-NP CR2E037 (4/06)

4. FEI Number
14-1885315

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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
Sylvia Pique

Signature, typed or printed name of registered agent and title if applicable.
Sylvia Pique

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
Jorge Porro
2520 NW 97 Ave #230
Doral, FL 33172

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVP
Scott, Hardie
2510 NW 97 Ave #200
Doral, FL 33172

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DT
Peter, Santangelo
2520 NW 97 Ave #110
Doral, FL 33172

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DS
Julio, Gonzalez
2510 NW 97 Ave #130
Doral, FL 33172

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Maricordovez-Gomez
2520 NW 97 Ave #130
Doral, FL 33172

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

FILED
07 JAN -2 AM 9:20
CLERK OF STATE
TALLAHASSEE, FLORIDA



12. I 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 as required 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: Jorge Porro 12/18/06 305-436-6655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #