


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90057 010 ****61.25

DOCUMENT # N03000003536					
1. Entity Name INTERNATIONAL POINT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O EXCEL MANAGEMENT 2510 NW 97 AVE #200 DORAL, FL 33172			Mailing Address C/O EXCEL MANAGEMENT 2510 NW 97 AVE #200 DORAL, FL 33172		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 14-1885315	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIQUE, SYLVIA C/O EXCEL MANAGEMENT 2510 NW 97 AVE #200 DORAL, FL 33172			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PORRO, JORGE <input checked="" type="checkbox"/> Delete 2520 NW 97 AVE #230 DORAL, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Gonzalez, Julio <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2510 NW 97 AVE #130 DORAL, FL 33172	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HARDIE, SCOTT <input type="checkbox"/> Delete 2510 NW 97 AVE #200 DORAL, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SANTANGELO, PETER <input type="checkbox"/> Delete 2520 NW 97 AVE #110 DORAL, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GONZALEZ, JULIO <input checked="" type="checkbox"/> Delete 2520 NW 97 AVE #130 DORAL, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Acosta MARIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2510 NW 97 AVE #200 DORAL, FL 33172	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORDOVEZ-GOMEZ, MARI <input checked="" type="checkbox"/> Delete 2520 NW 97 AVE #130 DORAL, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			9/12/08 805-436-6655 <small>Date Daytime Phone #</small>		