2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N03000003536

Entity Name: INTERNATIONAL POINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O EXCEL MANAGEMENT
2510 NW 97 AVE #200
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

C/O EXCEL MANAGEMENT
2510 NW 97 AVE #200
DORAL, FL 33172

New Mailing Address:

FEI Number: 14-1885315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIQUE, SYLVIA
C/O EXCEL MANAGEMENT
2510 NW 97 AVE #200
DORAL, FL 33172 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: GONZALEZ, JULIO
Address: 2510 NW 97 AVE #130
City-St-Zip: DORAL, FL 33172

Title: DV ( ) Delete
Name: HARDIE, SCOTT
Address: 2510 NW 97 AVE #200
City-St-Zip: DORAL, FL 33172

Title: DT ( ) Delete
Name: SANTANGELO, PETER
Address: 2520 NW 97 AVE #110
City-St-Zip: DORAL, FL 33172

Title: DS ( ) Delete
Name: OCOSTA, MARIA
Address: 2510 NW 97 AVE #200
City-St-Zip: DORAL, FL 33172

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GONZALEZ, JULIO
Address: 2510 NW 97 AVE #200
City-St-Zip: DORAL, FL 33172

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

Title: DT (X) Change ( ) Addition
Name: SANTANGELO, PETER
Address: 2510 NW 97 AVE #200
City-St-Zip: DORAL, FL 33172

Title: DS (X) Change ( ) Addition
Name: ACOSTA, MARIA
Address: 2510 NW 97 AVE #200
City-St-Zip: DORAL, FL 33172

Title: D ( ) Change (X) Addition
Name: FERNANDEZ BARQUIN, JUAN
Address: 2510 NW 97 AVENUE #200
City-St-Zip: DORAL, FL 33172

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: SYLVIA PIQUE MGR 04/17/2009

Electronic Signature of Signing Officer or Director — Date