2007 NOT-FOR-PROFIT CORPORATION

FILED Jan 16, 2007 8:00 am

			KEPOKI			56	ecretary	01 215	110
DOCUMENT # N05000004202							1-16-2007 90209		
1. Entity Name SAILBOAT POINTE CONDOMINIUM ASSOCIATION, INC.				C.					
2325 NW 33RD ST 2			Mailing Address 2325NW 33RD ST FT LAUDERDALE, FL 33309						
Principal Place of Business - No P.O. Box # 3. Mailing Address									
		and Park Bly				1 100/1101 411 40101	· •(4) •0 •0 20 20 20		
Suite, Apt. #, etc. 301			Suite, Apt. #, etc.			01022007 C	Chg-NP CR2	E037 (12/06)	
City & State Sunrise, FL			City & State Sunrise, FL			4. FEI Number Applied For 20-3031097 Not Applicable			
Zip 33351	Zip Country		Zip 33345-2199	Country Broward		5. Certificate of Status Desired \$8.75 Additional Fee Required		ditional	
6. Name and Address of Current Regist				ered Agent			dress of New Register	red Agent	
RHONDA HOLLANDER, P.A. 323 SW 1ST AVE DANIA BEACH, FL 33004					Name Street Address (P.O. Box Number is Not Acceptable)				
DANIA BEAGN, NE 33004									
				City			-	FL Zip Cod	
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. It am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$81.25 9. Election Campaign Financing					ture required	when reinstating)	DA	ιTΕ	
	-		9. Election Ca	mpaign Financing		\$5.00 May Be	Make c	neck payable t	
	-	lay 1, 2007	9. Election Ca Trust Fund	mpaign Financing Contribution.		\$5.00 May Be Added to Fees	Make ch Florida De	neck payable t	tate
10.	-		9. Election Ca Trust Fund	mpaign Financing		\$5.00 May Be Added to Fees	Make c	neck payable to partment of S	tate
TITLE NAME	T BRINKMA	OFFICERS AND DIR	9. Election Ca Trust Fund	mpaign Financing Contribution. 11. TIRE NAME		\$5.00 May Be Added to Fees	Make ch Florida De	neck payable t	tate
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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: