
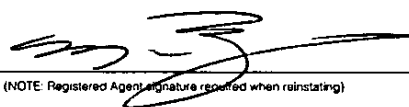


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000004202						FILED 08 NOV -5 PM 1:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Entity Name SAILBOAT POINTE CONDOMINIUM ASSOCIATION, INC.				Principal Place of Business 2325 NW 33RD ST. FORT LAUDERDALE, FL 33309 US				Mailing Address 2325 NW 33RD ST. FORT LAUDERDALE, FL 33309 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10172008 Chg-NP		CR2E037 (12/06)			
Zip		Country		Zip		Country			
4. FEI Number 20-3031097				Applied For		Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
RHONDA HOLLANDER, P.A. 323 SW 1ST AVE DANIA BEACH, FL 33004				Name: Tripp Scott, P.A. Street Address (P.O. Box Number is Not Acceptable): 110 SE 6th ST 15th Floor City: Fort Lauderdale State: FL Zip Code: 33301					
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: Matthew Zifrony, Esq.						DATE: 10/29/08			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)		DATE			
Amended AR is \$61.25				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	DP	<input checked="" type="checkbox"/> Delete		TITLE	Mark Zeteme	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	MATWIEJOW, KIM			NAME	2420 NW 33rd St # 1002				
STREET ADDRESS	2440 NW 33 ST # 1803			STREET ADDRESS	Ft. Land, FL 33309				
CITY-ST-ZIP	OAKLAND PARK, FL 33309			CITY-ST-ZIP	Ft. Land, FL 33309				
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Robin Friedman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	KELLY, MELISSA			NAME	2485 NW 33rd St #1603				
STREET ADDRESS	2361 NW 33 ST #615			STREET ADDRESS	Ft. Land, FL 33309				
CITY-ST-ZIP	OAKLAND PARK, FL 33309			CITY-ST-ZIP	Ft. Land, FL 33309				
TITLE	DS VICE	<input type="checkbox"/> Delete		TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SCHWARTZ, SALLYE			NAME	200137674112				
STREET ADDRESS	2607 NW 33 ST #2104			STREET ADDRESS	11/05/08--01037--007				
CITY-ST-ZIP	OAKLAND, FL 33309			CITY-ST-ZIP	**\$61.25				
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	RIVEIRO, IVO			NAME	Joseph Burd #				
STREET ADDRESS	2425 NW 33RD ST			STREET ADDRESS	2420 NW 33rd St 1002				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309			CITY-ST-ZIP	Ft. Land, FL 33309				
TITLE	T	<input type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BRINKMAN, GRACE			NAME					
STREET ADDRESS	2607 NW 33 ST #2113			STREET ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309			CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
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: Grace Brinkman				President		Date: 10-22-08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone # 954 232-4334			