FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:10

DOCUMENT # N09718 (0)

1. Corporation Name

MOORS POINTE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17320 NW 65 AVE MIAMI FL 33015	17320 NW 65 AVE MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1985
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2819378 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

KALLICHE, ANTHONY A
BECKER & POLIAKOFF, PA
6161 BLUE LAGOON DRIVE SUITE #250
MIAMI FL 33126

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	ABRAHAM, MAUREEN	12 NAME		
STREET ADDRESS	17320 NW 65TH AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	SILVERA, DONNA	22 NAME		
STREET ADDRESS	17320 NW 65TH AVE	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	VPD	31 TITLE		☐ Change ☐ Addition
NAME	MEDKIFF, EVAN	32 NAME		
STREET ADDRESS	17320 NW 65TH AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	LEE, SHARON	42 NAME		
STREET ADDRESS	17320 NW 65TH AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	GREGG, JOHN	52 NAME		
STREET ADDRESS	17320 NW 65TH AVE.	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REMIT $155.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MAOREEN ABRAHAM Maureen Abraham 1/22/94 (305) 821-9923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037621