FILE NOW: FILING FEE IS $61.25

FILED
Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 06/12/1985

4. FEI Number: 59-2819378 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 17321 NW 66 CT.	26 17321 NW 66 CT
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FL.	28 City & State: Miami, FL.
24 Zip: 33015 25 Country: USA	29 Zip: 33015 30 Country: USA

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. Is this nonprofit corporation a homeowners association? (CONDOMINIUM) ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KALLICHE, ANTHONY A BECKER & POLIAKOFF, PA ~~8181 BLUE LAGOON DRIVE SUITE #250~~ ~~MIAMI FL 33126~~ →	81 Name: Kalliche, Anthony A. 82 Street Address (P.O. Box Number Is Not Acceptable): ~~5201~~ Becker & Poliakoff, P.A. 83 5201 Blue Lagoon Drive, #100 84 City: Miami FL 85 Zip Code: 33126

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ABRAHAM, MAUREEN		1.2 NAME		
STREET ADDRESS	17320 NW 65TH AVE.		1.3 STREET ADDRESS	17321 NW 66 CT.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	SD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SILVERA, DONNA		2.2 NAME		
STREET ADDRESS	17320 NW 65TH AVE		2.3 STREET ADDRESS	17321 NW 66 CT.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	TD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	LEE, SHARON		3.2 NAME		
STREET ADDRESS	17320 NW 65TH AVE.		3.3 STREET ADDRESS	17321 NW 66 CT.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	~~VP~~	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~LOPEZ, MERCY~~		4.2 NAME		
STREET ADDRESS	~~17320 NW 65TH AVENUE~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	VPD	☒ Change ☐ Addition
NAME	DIAZ, MARIELA		5.2 NAME	Diaz, Mariela	
STREET ADDRESS	17320 NW 6T AVE		5.3 STREET ADDRESS	17321 NW 66 CT.	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	MIAMI, FL 33015	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: Maureen Abraham 2/11/98 (305) 891-9923