# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 20, 2004 8:00 am**
**Secretary of State**
01-20-2004 90067 003 ****61.25

DOCUMENT # N09718

1. Entity Name
MOORS POINTE CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 17321 NW 66 CT<br>MIAMI, FL 33015 US | ~~17321 NW 66 CT~~<br>~~MIAMI, FL 33015~~ US<br>C/o The Continental Group, Inc. |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 11981 SW 144th Court<br>Suite, Apt. #, etc.<br>201 |
| City & State | City & State<br>Miami, FL |
| Zip / Country | Zip 33186 / Country |

01072004 Chg-NP CR2E037 (10/03)

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KALLICHE, ANTHONY A<br>BECKER & POLIAKOFF, PA<br>BLUE LAGOON DRIVE, #100<br>MIAMI, FL 33126 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~VPD~~ D<br>ABRAHAM, MAUREEN<br>17321 NW 66 CT<br>MIAMI, FL 33015 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~VPB~~ S<br>SILVERA, DONNA<br>17321 NW 66 CT<br>MIAMI, FL 33015 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>~~ROSE, MARLENE~~<br>~~17321 NW 66 CT~~<br>MIAMI, FL 33015 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Mike Naller<br>17321 NW 66 CT Miami FL 33015 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>~~BELLORN, MARY~~<br>~~17321 NW 66 CT~~<br>~~HIALEAH~~, FL 33015 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice-President<br>David Calles<br>17321 NW 66 CT Miami FL 33015 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~BARBOZA, CARMEN~~<br>~~17321 NW 66 CT~~<br>~~HIALEAH~~, FL 33015 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>Beatriz Fernandez<br>17321 NW 66 CT Miami FL 33015 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. 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 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:** Mike Naller 1-13-04 (305)821-9308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #