

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90040 015 ****61.25

DOCUMENT # N09718 1. Entity Name MOORS POINTE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 17321 NW 66 CT MIAMI, FL 33015 US		Mailing Address C/O THE CONTINENTAL GROUP INC. 11981 SW 144TH COURT STE 201 MIAMI, FL 33186 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
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 KALLICHE, ANTHONY A BECKER & POLIAKOFF, PA BLUE LAGOON DRIVE, #100 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Michael Chadrow, Esq. Street Address (P.O. Box Number is Not Acceptable) Brough, Chadrow & Levine, P.A. 2700 S. Commerce Parkway, Ste. 305-B City Weston FL Zip Code 33331	
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 <u>Michael Chadrow</u> DATE <u>1-12-05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2005		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 D NAME ABRAHAM, MAUREEN STREET ADDRESS 17321 NW 66 CT CITY-ST-ZIP MIAMI, FL 33015	☒ Delete	TITLE Director NAME Carlos Polo STREET ADDRESS 17321 NW 66 CT CITY-ST-ZIP MIAMI FL 33015	☐ Change ☒ Addition
TITLE S NAME SILVERA, DONNA STREET ADDRESS 17321 NW 66 CT CITY-ST-ZIP MIAMI, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE P NAME MALLER, MIKE STREET ADDRESS 17321 NW 66CT CITY-ST-ZIP MIAMI, FL 33015	☒ Delete	TITLE Vice-President NAME Maller, Mike STREET ADDRESS 17321 NW 66 CT CITY-ST-ZIP MIAMI FL 33015	☒ Change ☐ Addition
TITLE VP NAME CALLES, DAVID STREET ADDRESS 17321 NW 66 CT CITY-ST-ZIP HIALEAH, FL 33015	☐ Delete	TITLE President NAME Calles, David STREET ADDRESS 17321 NW 66 CT CITY-ST-ZIP MIAMI, FL 33015	☒ Change ☐ Addition
TITLE T NAME FERNANDEZ, BEATRIZ STREET ADDRESS 17321 NW 66 CT CITY-ST-ZIP HIALEAH, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ 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: <u>David Calles</u>		Date <u>01/12/05</u>	