



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90264 018 ****61.25

DOCUMENT # N94000002315					
1. Entity Name POINT LAKE CONDOMINIUM ASSOCIATION TWO, INC.					
Principal Place of Business 7001 SW 87 CT MIAMI, FL 33173			Mailing Address 7001 SW 87 CT MIAMI, FL 33173		
2. Principal Place of Business - No P.O. Box # S/M. A. C. MANAGEMENT, INC. Suite, Apt. #, etc. 7500 NW 25 St # 24C		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State MIAMI, FLORIDA		City & State		4. FEI Number 65-0487951	
Zip 33122		Country Dade		Applied For Not Applicable	
City & State MIAMI, FLORIDA		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ-SIAM, FRANK-ESQ 7001 SW 87 CT MIAMI, FL 33173			7. Name and Address of New Registered Agent Name MARIA A. CAMETO Street Address (P.O. Box Number is Not Acceptable) 7500 NW 25 St. # 24C City MIAMI FL Zip Code 33122		
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>Maria A Cameto</u> 04/15/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP	P DUQUE, ORLANDO <input type="checkbox"/> Delete 7001 SW 87 CT MIAMI, FL 33173		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VELA, JOSE <input checked="" type="checkbox"/> Delete 7001 SW 87 CT MIAMI, FL 33173		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOMEZ, EMILIA <input type="checkbox"/> Delete 7001 SW 87 CT MIAMI, FL 33173		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EMILIA GOMEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7001 SW 87 CT MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Emilia Gomez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/15/08 (305) 594-7022 <small>Date Daytime Phone #</small>		
EMILIA GOMEZ, SECRETARY					