

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N9400003123

SOUTH TOWER AT THE POINT CONDOMINIUM ASSOCIATION , INC.

20803 BISCAYNE BLVD						
Principal Phace of Business 20803 BISCAYNE BLVD SUITE 103						
SUITE 103						
AVENTURA FL 33180						

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

20903 BISCAYNE BLVD SUITE 103

AVENTURA FL 33180

2a. Mailing Address

Suite, Apt. #, etc.

## FILED Apr 26, 1999 8:00 am § Secretary of State

04-26-1999 90200 050 \*\*\*\*61.25



3. Date Incorporated or Qualifed

06/24/1994 FEI Number

Suite, Apt.	#, etc.	Suite, Apr. #; cto.					65-0579504			) <del></del>	Not Applicable	
22		27										Additional
City & Stat	de	28 City &	State					5. Certificate of	of Status Desire	d 🗆	T	ecuired
Zip	Country Zip				intry	ntry			ampaign Financ	ing 🗆		May Be tc Fees
24	25	29		30	_				Contribution  Address of No	nu Bagis		ic rees
	9. Name and Address of Current	Registered A	Agent		81	Name		v. Name and	Address or M	om negi	Siereo Agoni	
					"	Name						
WOLFE, LEON J 100 SE SECOND ST						Street Address (P.O. Box Number is Not Acceptable)						
								<del></del>				
35TH FLO	OOR, INTERNATIONAL PLACE				83							
MIAMI FL	33131				84	City					85 Zip	Code
						•					FL 👸 📑	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508	8, Florida Statu te	es, the a	bove	-named	corpora	tion submits th	is statement for	the purp	pose of changing it	s registered
office or r	registered agent, or both, in the State of arm familiar with, and accept the obligate	norida, Suc ons of, Sectio	n change was a in 617.0503, Flo	umonzeo rida Stat	utes.	пе согро	ANTHUM S	DOMESTICAL	aura. I nereby a	COOPI III	o appointment do n	-3.510100
-		-,										
SIGNATUF:E	Signature, typed or printed name of registered agent a	and title if applicable	le (NOTE:	Registered	Agent	signature re	req lired wh	en reinstating)			DATE	
12.	OFFICERS AND	DIRECTORS		13.				ADDITIONS	CHANGES TO	OFFICE	RS AND DIRECT	
TITLE	DV		DELETE	1.1 TI	TLE	1	C70	. 70 . 2 8			Change	Addition
NAME	SEMLER, DANIEL R			1.2 N	AME		1740	D BURR	CAYNE BU	DΔ. <	012103	
STREET ADDRESS	20803 BISCAYNE BLVD SUITE 19	03		1.3 5	REET	ADDRESS	209	303 toi	CAYNC D-	~ <del></del> -y -	)- ( - ( <b>)</b>	
CITY-ST-ZIP	AVENTURA FL 33180			1.4 C	TY-ST	-ZIP	Avi	ENTURA-	FL 33	180		
TITLE	DVST		DELETE	2.1 TI	TLE		507	oT.			Change	Addition
NAME	ACKERMAN, ROBERT C			2.2 N	AME		FA	DARD BI	RSIC	. c	· *5100	
STREET ADDRESS	ACCORD BIOGRAPHE BILLID CHITTE 4	03		2.3 S	TREET	ADDRESS	20	1803 RISC	AYNE BU	δυ. 1 ο	0115103	
CITY-ST-ZIP	AVENTURA FL 33180			2.40	iTY-S1	r-ZIP		ANELTU	LA, FZ	33	180	
TITLE	DP		☐ DELETE	3.1 TI			T				Change	Addition
NAME	TACHER, ROBERTA			3.2 N	AME		Ì					
STREET ADDRESS	ARREST DISCOURSE DIVID CHITTE A	03		3.3 S	TREET	ADDRESS	,					
	AVENTURA FL 33180	••			:TY-S1							
CITY-ST-ZIP TITLE	7172111070712 00 100		DELETE	4.1 T			+	<del></del>			Change	Addition
NAME				4, 2 1	IAME	ļ	}					
STREET ADDRESS						ADORESS	3					
CITY-ST-ZIP				4.4 C	ITY-ST	-ZIP						
TITLE			☐ DELETE	5.1 T			1				Change	Addition
NAME				5.2 N	AME							
STREET ADDRESS				5.3 S	TREET	ADDRESS	3					
CITY-ST-ZIP				5.4 C	ITY-ST	-ZIP	i					
TITLE			☐ DELETE	6.1 T	TLE		T				[] Change	Addition
NAME				6.2 N	AME							
STREET ADDRESS				6.3 S	TREET	ADDRESS	3					
CITY-ST-ZIP				6.4 C	TY-ST	-ZIP				_		
14. I here w	certify that the information supplied with	this filing do	es not qualify to	r the exe	mnti	on stated	n Sec	tion 119 07(3)(	i). Florida Statu	tes. I fur	ther certify that the	information

indicated on this annual report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made their part is true and accurate and that my signature shall have the same legal effect as if made their part is true and accurate and that my signature shall have the same legal effect as if made their part is the another 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, with all other like empowered.

Applied For