

Amended


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08-01-2003 90062.018 ****61.25

0008650

DOCUMENT # N94000003123

1. Entity Name
SOUTH TOWER AT THE POINT CONDOMINIUM ASSOCIATION, INC.



FILE N94000003123
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 20 PM 3:26

Principal Place of Business
**5555 ANGLERS AVE
SUITE 1
FORT LAUDERDALE FL 33312
US**

Mailing Address
**5555 ANGLERS AVE
SUITE 1
FORT LAUDERDALE FL 33312
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**21055 Yacht Club Dr
Suite, Apt. #, etc.
Manager's Office**

3. Mailing Address
**21055 Yacht Club Drive
Suite, Apt. #, etc.
Manager's Office**

City & State
Aventura, FL

City & State
Aventura, FL

4. FEI Number **65-0579504**

Applied For
 Not Applicable

Zip **33180** Country **Miami-Dade**

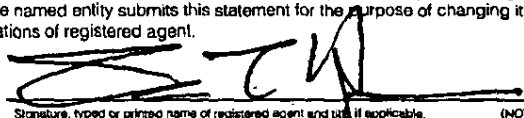
Zip **33180** Country **Miami Dade**

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

8. Name and Address of Current Registered Agent
**REGISTERED AGENTS OF FLORIDA, LLC
100 SE SECOND ST
SUITE 3500
MIAMI FL 33131**

7. Name and Address of New Registered Agent
Name **Hyman Kaplan, Ganguzza Spector + Marc**
Street Address (P.O. Box Number is Not Acceptable)
MUSEUM TOWERS 27th Floor
150 West Flagler Street
City **Miami** FL Zip Code **33130**

9. 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  DATE **7/23/03**

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

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BURRIS, DAVID 5555 ANGLERS AVE., SUITE 1 FORT LAUDERDALE FL 33312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TACHER, ROBERTA 5555 ANGLERS AVE., SUITE 1 FORT LAUDERDALE FL 33312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST BIRSIC, EDWARD 5555 ANGLERS AVENUE, SUITE 1 FORT LAUDERDALE FL 33312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eduardo Rubinstein President 21055 Yacht Club Dr. #601 Aventura, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Anthony Simonetti 21055 Yacht Club Drive # 3210 Aventura, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REASUREP LES Fineman 21055 Yacht Club Drive # 1209 Aventura, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sandra Coiffman-Yohros 21055 Yacht Club Drive # 406 Aventura, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Helene Mark 21055 Yacht Club Drive # 1802 Aventura, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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 information empowered.

SIGNATURE: **SIGNATURE REQUIRED** DATE **7/21/03** DAYTIME PHONE # **305 796 2010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)

Handwritten initials and marks at the bottom right corner.