

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90834 036 \*\*\*\*61.25

**DOCUMENT # N94000003131**

1. Entity Name  
**THE POINT OF AVENTURA MAINTENANCE ASSOCIATION, INC.**

|                                                                                                                       |                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><del>20803 BISCAYNE BLVD</del><br><del>SUITE 103</del><br><del>AVENTURA FL 33180</del> | Mailing Address<br><del>20803 BISCAYNE BLVD</del><br><del>SUITE 103</del><br><del>AVENTURA FL 33180</del> |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

|                                                            |                                                |
|------------------------------------------------------------|------------------------------------------------|
| 2. Principal Place of Business<br><b>5555 Anglers Ave.</b> | 3. Mailing Address<br><b>5555 Anglers Ave.</b> |
|------------------------------------------------------------|------------------------------------------------|

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| Suite, Apt. #, etc.<br><b>Suite 1</b> | Suite, Apt. #, etc.<br><b>Suite 1</b> |
|---------------------------------------|---------------------------------------|

|                                            |                                            |
|--------------------------------------------|--------------------------------------------|
| City & State<br><b>Fort Lauderdale, FL</b> | City & State<br><b>Fort Lauderdale, FL</b> |
|--------------------------------------------|--------------------------------------------|

|                     |                       |                     |                       |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip<br><b>33312</b> | Country<br><b>USA</b> | Zip<br><b>33312</b> | Country<br><b>USA</b> |
|---------------------|-----------------------|---------------------|-----------------------|

6. Name and Address of Current Registered Agent

~~WOLFE, LEON J.~~  
~~100 SE SECOND STREET~~  
~~35TH FLOOR INTERNATIONAL PLACE~~  
~~MIAMI FL 33131~~

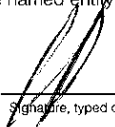
|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0536212</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                              |                                       |
|--------------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--------------------------------------------------------------|---------------------------------------|

7. Name and Address of New Registered Agent

Name  
**Registered Agents of Florida, LLC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100 Southeast Second Street**  
 Suite 3500  
 City  
**Miami** **FL** Zip Code  
**33131**

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.

|                                                                                                                                                                                                 |                                                                                                           |                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------|
| SIGNATURE<br><br><small>Signature, typed or printed name of registered agent and title if applicable.</small> | <b>Howard J. Vogel, VP</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small> | <b>4/5/01</b><br><small>DATE</small> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------|

|                                     |                                                                                     |                                    |                                                      |
|-------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Department of State</b> |
|-------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------|

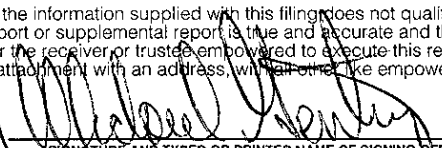
10. OFFICERS AND DIRECTORS

|                                                |                                                                                                                         |                                            |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>BURRIS, DAVID<br><del>20803 BISCAYNE BLVD, STE 103</del><br><del>AVENTURA FL 33180</del>                         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>TACHER, ROBERTA<br><del>20803 BISCAYNE BLVD SUITE 103</del><br><del>AVENTURA FL 33180</del>                       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>DVST</del><br><del>BIRSIC, EDWARD</del><br><del>20803 BISCAYNE BLVD, STE 103</del><br><del>AVENTURA FL 33180</del> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>DVST</del><br>WHITENURST, KATHY<br><del>20803 BISCAYNE BLVD STE 103</del><br><del>AVENTURA FL 33180</del>          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                         | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                                                                                                                               |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5555 Anglers Ave., Suite 1</b><br><b>Fort Lauderdale, FL 33312</b>                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5555 Anglers Ave., Suite 1</b><br><b>Fort Lauderdale, FL 33312</b>                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>DVST</b><br><b>Michael Gentry</b><br><b>5555 Anglers Ave., Suite 1</b><br><b>Fort Lauderdale, FL 33312</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>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, without other like empowered.

|                                                                                                                                                                                       |                       |                                       |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------|-------------------------------------------------------|
| SIGNATURE<br><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <b>Michael Gentry</b> | <b>4-24-01</b><br><small>Date</small> | <b>954-620-1000</b><br><small>Daytime Phone #</small> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------|-------------------------------------------------------|

CR2E037 (10/00)