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	Mailing Address
~~20803 BISCAYNE BLVD~~ ~~SUITE 103~~ ~~AVENTURA FL 33180~~	~~20803 BISCAYNE BLVD~~ ~~SUITE 103~~ ~~AVENTURA FL 33180~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5555 Anglers Ave.	5555 Anglers Ave.
Suite, Apt. #, etc.: Suite 1	Suite, Apt. #, etc.: Suite 1
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33312 Country: USA	Zip: 33312 Country: USA

4. FEI Number: 65-0536212 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~WOLFE, LEON J~~ ~~100 SE SECOND STREET~~ ~~35TH FLOOR INTERNATIONAL PLACE~~ ~~MIAMI FL 33131~~	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 _____ Howard J. Vogel, VP 4/5/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BURRIS, DAVID ~~20803 BISCAYNE BLVD, STE 103~~ ~~AVENTURA FL 33180~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5555 Anglers Ave., Suite 1 Fort Lauderdale, FL 33312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TACHER, ROBERTA ~~20803 BISCAYNE BLVD SUITE 103~~ ~~AVENTURA FL 33180~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5555 Anglers AVe.,Suite 1 Fort Lauderdale, FL 33312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DVST~~ ~~BIRSIC, EDWARD~~ ~~20803 BISCAYNE BLVD, STE 103~~ ~~AVENTURA FL 33180~~	XX ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DVST~~ ~~WHITEHURST, KATHY~~ ~~20803 BISCAYNE BLVD STE 103~~ ~~AVENTURA FL 33180~~	☒ 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	DVST Michael Gentry 5555 Anglers Ave., Suite 1 Fort Lauderdale, FL 33312 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: _____ Michael Gentry 4-24-01 954-620-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #