2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91465 029 ****61.25

DOCUMENT # N94000003131

1. Entity Name

THE POINT OF AVENTURA MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5555 Anglers Avenue, Suite 1 Ft. Lauderdale, Florida 33312	5555 Anglers Avenue, Suite 1 Ft. Lauderdale, Florida 33312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5555 Anglers Avenue	**5555 Anglers Avenue**
Suite, Apt. #, etc. **Suite 1A**	Suite, Apt. #, etc. **Suite 1A**
City & State **Ft. Lauderdale, Florida**	City & State **Ft. Lauderdale, Florida**
Zip / Country **33312** / **US**	Zip / Country **33312** / **US**

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
Registered Agents of Florida, LLC 100 Southeast Second Street, Suite 3500 Miami, Florida 33131	Name **Registered Agents of Florida, LLC** Street Address (P.O. Box Number is Not Acceptable) **100 Southeast Second Street** **Suite 2900** City **Miami** **FL** Zip **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, V.P.**

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	**PD** **Roberta Tacher** **5555 Anglers Avenue, Suite 1** **Ft. Lauderdale, Florida 33312** ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**PD** **Albert C. Piazza** **5555 Anglers Avenue, Suite 1A** **Ft. Lauderdale, Florida 33312** ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**VPD** **David Burris** **5555 Anglers Avenue, Suite 1** **Ft. Lauderdale, Florida 33312** ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**VPTD** **Michael Neal** **5555 Anglers Avenue, Suite 1A** **Ft. Lauderdale, Florida 33312** ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DVST** **Edward Bursic** **5555 Anglers Avenue, Suite 1** **Ft. Lauderdale, Florida 33312** ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**SD** **Kim Alonso** **5555 Anglers Avenue, Suite 1A** **Ft. Lauderdale, Florida 33312** ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	☐ Change ☐ 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 like empowered.

SIGNATURE **Albert C. Piazza** 4/22/03 **(954) 620-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #