

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000003133**

1. Entity Name  
**THE COURTYARDS AT THE POINT CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**21125 YACHT CLUB D  
AVENTURA, FL 33180 US**

Mailing Address  
**21125 YACHT CLUB D  
AVENTURA, FL 33180 US**



03232006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0537003**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LERNER, LISA  
C/O SIEGFRIED, RIVER, LERNER  
201 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when renating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SHELLEY, ROBERT  
21125 YACHT CLUB DR  
AVENTURA, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
FRIED, MARK  
21125 YACHT CLUB DR  
AVENTURA, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
SILVERS, STEVEN  
21125 YACHT CLUB DR  
AVENTURA, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

0000001493153  
04/19/06-80094-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 4/1/06**

Daytime Phone #