


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90070 017 \*\*\*\*61.25

<b>DOCUMENT # N94000003133</b> 1. Entity Name <b>THE COURTYARDS AT THE POINT CONDOMINIUM ASSOCIATION, INC.</b>						
Principal Place of Business <b>21125 YACHT CLUB D AVENTURA FL 33180 US</b>		Mailing Address <b>21125 YACHT CLUB D AVENTURA FL 33180 US</b>				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number <b>65-0537003</b>		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>LERNER, LISA C/O SIEGFRIED, RIVER, LERNER 201 ALHAMBRA CIRCLE CORAL GABLES FL 33134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, without other like empowered.			



1st MOORE CR2E037 (10/06)

SIGNATURE

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  
Due By May 1, 2007**

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	P SHELLEY, ROBERT	<input type="checkbox"/> Delete
NAME	21125 YACHT CLUB DR	
STREET ADDRESS	AVENTURA FL 33180	
CITY-ST-ZIP		
TITLE	V FRIED, MARK	<input type="checkbox"/> Delete
NAME	21125 YACHT CLUB DR	
STREET ADDRESS	AVENTURA FL 33180	
CITY-ST-ZIP		
TITLE	ST SILVERS, STEVEN	<input type="checkbox"/> Delete
NAME	21125 YACHT CLUB DR	
STREET ADDRESS	AVENTURA FL 33180	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VP D	<input checked="" type="checkbox"/> Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	ST D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-966-8379