2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 DEC 13 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003134

1. Entity Name
ATLANTIC I AT THE POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
21200 POINT PLACE AVENTURA, FL 33180 US	21200 POINT PLACE AVENTURA, FL 33180 US

11202004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0579499 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARS, GARY
C/O HUMAN & KAPLAN
150 W. FLAGLER ST., 27TH FLOOR
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

000043971840
12/13/04--01064--017 **61.25

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KREICAS, KATHY 21200 POINT PLACE, #1103 AVENTURA, FL 33180	☐ Delete	TITLE VPD TRES NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT / TREASURER	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FRIED, MARK 3107 STIRLING RD., #104 FORT LAUDERDALE, FL	☐ Delete	TITLE VPD AT NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT / ASST. TREASURER.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAS LIPP, JULES P.O. BOX 3030 HALLANDALE, FL 33008	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BLACHMAN, GUSTAVO 17820 W. DIXIE HWY. N. MIAMI BEACH, FL 33160	☐ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LUSTIG, ROY ESQ. 2600 DOUGLAS RD., #908 CORAL GABLES, FL 33134	☐ Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT / SECRETARY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SZARF, ROSA 21200 POINT PLACE, #1504 AVENTURA, FL 33180	☒ 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: _____ 11/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #