2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

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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

03212005 No Chg-NP CR2E037 (10/03)

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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 HYMAN & KAPLAN
150 W. FLAGLER ST., 27TH FLOOR
MIAMI, FL 33130

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	VPT
NAME	KREICAS, KATHY
STREET ADDRESS	21200 POINT PLACE, #1103
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	VDAT
NAME	FRIED, MARK
STREET ADDRESS	3107 STIRLING RD., #104
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	VPAS
NAME	LIPP, JULES
STREET ADDRESS	P.O. BOX 3030
CITY-ST-ZIP	HALLANDALE, FL 33008
TITLE	PD
NAME	BLACHMAN, GUSTAVO
STREET ADDRESS	17820 W. DIXIE HWY.
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	VPDS
NAME	LUSTIG, ROY ESQ.
STREET ADDRESS	2600 DOUGLAS RD., #908
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000289156
04/06/05-80015-011 61.25

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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: _____ 04/01/05 305-682 8988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #