

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N94000003134 1. Entity Name ATLANTIC AT THE POINT CONDOMINIUM ASSOCIATION, INC.	
--	---

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

DO NOT WRITE IN THIS SPACE



03212005 No Chg-NP CR2E037 (10/03)

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

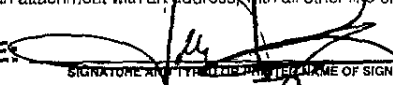
10. OFFICERS AND DIRECTORS

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

U00000289156
04/06/05-80015-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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 8980**

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