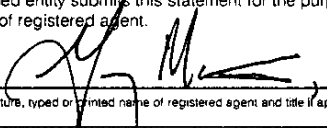
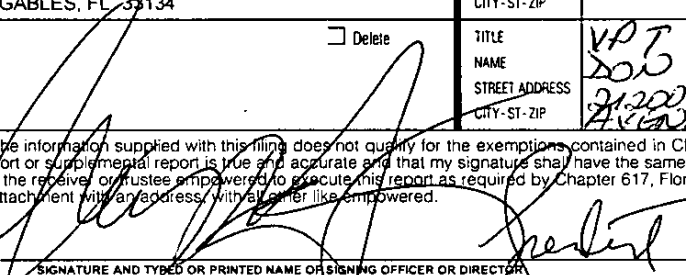


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90045 027 ****61.25

DOCUMENT # N94000003134					
1. Entity Name ATLANTIC I 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		
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	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARS, GARY C/O Hyman, Specter & Mars, L.L.P. 150 W. FLAGLER ST., 27TH FLOOR MIAMI, FL 33130			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.					
SIGNATURE  DATE 1/26/06 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, 2006		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	VPT	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	KREICAS, KATHY		NAME		
STREET ADDRESS	21200 POINT PLACE, #1103		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	VDAT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FRIED, MARK		NAME		
STREET ADDRESS	3107 STIRLING RD., #104		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL		CITY-ST-ZIP		
TITLE	VPAS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LIPP, JULES		NAME		
STREET ADDRESS	P.O. BOX 3030		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33008		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	BLACHMAN, GUSTAVO		NAME	VPS	
STREET ADDRESS	17820 W. DIXIE HWY.		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160		CITY-ST-ZIP		
TITLE	VPDS	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	LUSTIG, ROY ESQ.		NAME	P	
STREET ADDRESS	2600 DOUGLAS RD., #908		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	VPT	
STREET ADDRESS			STREET ADDRESS	21200 POINT PLACE	
CITY-ST-ZIP			CITY-ST-ZIP	AVENTURA FL 33180	
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:  DATE 1/27/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40014298



01192006 Chg-NP CR2E037 (11/05)