2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90819 013 ****61.25

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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

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03132007 No Chg-NP CR2E037 (4/06)

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

HYMAN, SPENCER & MARS, L.L.P.
C/O HUMAN & 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, 2007

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

10. OFFICERS AND DIRECTORS

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	VPS
NAME	BLACHMAN, GUSTAVO
STREET ADDRESS	17820 W. DIXIE HWY.
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	P
NAME	LUSTIG, ROY ESQ. ONE SOUTHEAST THIRD AVE
STREET ADDRESS	~~2600 DOUGLAS RD., #908~~ 1210 SUNTRUST INT'L CENTER
CITY-ST-ZIP	~~CORAL GABLES, FL 33~~134 MIAMI, FL 33131
TITLE	VPT
NAME	FIRTH, DON
STREET ADDRESS	21200 PT PL
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #