2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED Jan 07, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 21200 POINT PLACE AVENTURA, FL 33180 US **Current Mailing Address: New Mailing Address:** 21200 POINT PLACE AVENTURA, FL 33180 US FEI Number: 65-0579499 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HYMAN, SPENCER & MARS, L.L.P. HYMAN, SPENCER & MARS, L.L.P. C/O HUMAN & KAPLAN C/O HYMAN & KAPLAN 150 W. FLAGLER ST., 27TH FLOOR 150 W. FLAGLER ST., 27TH FLOOR MIAMI, FL 33130 US MIAMI, FL 33130 US 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. SIGNATURE: 01/07/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VDAT () Delete () Change () Addition FRIED, MARK Name: Name: 3107 STIRLING RD., #104 Address: Address: City-St-Zip: FORT LAUDERDALE, FL City-St-Zip: Title: **VPAS** Title: () Delete () Change () Addition LIPP, JULES Name: Name: Address: P.O. BOX 3030 Address: City-St-Zip: HALLANDALE, FL 33008 City-St-Zip: Title: **VPS** () Delete Title: **VPS** (X) Change () Addition BLACHMAN, GUSTAVO SIMS, EDWARD Name: Name: 21200 POINT PLACE # 1603 Address: 17820 W. DIXIE HWY. Address: City-St-Zip: N. MIAMI BEACH, FL 33160 City-St-Zip: AVENTURA, FL 33180 () Delete Title: Title: () Change () Addition Name: LUSTIG, ROY ESQ. Name: 1210 SCHTRUSTIATZ CENTER Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: VPT () Delete Title: () Change () Addition FIRTH, DON Name: Name: 21200 PT PL Address: Address: MIAMI, FL 33180 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY LUSTIG PRES 01/07/2008