FILED 2003 UNIFORM BUSINESS REPORT (UBR) Apr 28, 2003 8:00 am **DOCUMENT # N94000003134** Secretary of State 1. Entity Name ATLANTIC I AT THE POINT CONDOMINIUM 04-28-2003 91464 007 \*\*\*\*61.25 ASSOCIATION, INC. Principal Place of Business Mailing Address 5555 Anglers Avenue, Suite 1 5555 Anglers Avenue, Suite 1 Ft. Lauderdale, Florida 33312 Ft. Lauderdale, Florida 33312 2. Principal Place of Business 3. Mailing Address 5555 Anglers Avenue 5555 Anglers Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 1A Suite 1A City & State City & State Applied For 4. FEI Number Ft. Lauderdale, Florida Ft. Lauderdale, Florida 65-0579499 Not Applicable Zip Country Country Zip 5. Certificate of Status Desired \$8.75 Additional 33312 US 33312 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and address of New Registered Agent Registered Agents of Florida, LLC Registered Agents of Florida, LLC 100 Southeast Second Street, Suite 3500 Street Address (P.O. Box Number is Not Acceptable) 100 Southeast Second Street Miami, Florida 33131 **Suite 2900** City Miami 33131 8. The above named entity submits this statement for the parties of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** Howard J. Vogel, V.P. (NOTE: Registered Agent signature required when reinstating) nt and title if applicable. Signature, typed or printed name of registered Make Check Payable to FILE NOW 9. Election Campaign Financing \$5.00 May Be Department of State FEE IS \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **⊠**Delete PD ☐ Change ☒ Addition TITLE TITLE Roberta Tacher Albert C. Piazza STREET STREET ADDRESS CITY-ST-ZIP 5555 Anglers Avenue, Suite 1 ADDRESS 5555 Anglers Avenue, Suite 1A CITY-ST-ZIP Ft. Lauderdale, Florida 33312 Ft. Lauderdale, Florida 33312 VD ☑ Delete **VPTD** ☐ Change ☒ Addition TITLE TITLE NAME STREET NAME **David Burris** Michael Neal STREET ADDRESS **ADDRESS** 5555 Anglers Avenue, Suite 1 5555 Anglers Avenue, Suite 1A CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, Florida 33312 Ft. Lauderdale, Florida 33312 □ Delete DVST ☐ Change ☒ Addition TITLE TITLE NAME NAME **Edward Bursic** Kim Alonso STREET STREET ADDRESS CITY-ST-ZIP ADDRESS 5555 Anglers Avenue, Suite 1 5555 Anglers Avenue, Suite 1A CITY-ST-ZIP Ft. Lauderdale, Florida 33312 Ft. Lauderdale, Florida 33312 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET NAME STREET **ADDRESS** ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET STREET ADDRESS ADDRESS CITY-ST-ZIP 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 en SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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