

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003137 (6)
1. Corporation Name
ATLANTIC II AT THE POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 20803 BISCAYNE BLVD SUITE 103 AVENTURA FL 33180	Mailing Address 20803 BISCAYNE BLVD SUITE 103 AVENTURA FL 33180
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3. Date Incorporated or Qualified
06/24/1994

4. FEI Number
65-0665271

Applied For	
Not Applicable	

2. Principal Place of Business 21 21150 POINT PLACE Suite, Apt. #, etc.	2a. Mailing Address 26 21150 POINT PLACE Suite, Apt. #, etc.
22 City & State 23 AVENTURA, FL Zip 24 33180	27 City & State 28 AVENTURA, FL Zip 29 33180
25 Country DADE	30 Country DADE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**WOLFE, LEON J
100 SE SECOND ST
35TH FLOOR INTERNATIONAL PLACE*****
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	ANDREW GLEN GLEN MGMT. SERVICES
82 Street Address (P.O. Box Number is Not Acceptable)	4301 OAK CIRCLE #23
83 City	BOCA RATON FL
84 Zip Code	33431

11. Pursuant to the provisions of Sections 617.0501 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **ANDREW G. GLEN** DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GELLER, STUART	
STREET ADDRESS	21150 POINT PLACE #1406	
CITY-ST-ZIP	AVENTURA FL	
TITLE	DVST	<input checked="" type="checkbox"/> DELETE
NAME	ACKERMAN, ROBERT C	
STREET ADDRESS	20803 BISCAYNE BLVD SUITE 103	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	TACHER, ROBERTA	
STREET ADDRESS	20803 BISCAYNE BLVD SUITE 103	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOFFKEY RANDALL	
1.3 STREET ADDRESS	21150 POINT PLACE #1204	
1.4 CITY-ST-ZIP	AVENTURA, FL 33180	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MICHAEL JACOBS	
2.3 STREET ADDRESS	21150 POINT PLACE #1904	
2.4 CITY-ST-ZIP	AVENTURA, FL 33180	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GREGORIO HUZEMAN	
3.3 STREET ADDRESS	21150 POINT PLACE #1805	
3.4 CITY-ST-ZIP	AVENTURA, FL 33180	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Michael Jacobs 1-15-98**

CFR2037 (10/97)