

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90025 014 ****61.25

004167

DOCUMENT # N94000003137

1. Entity Name

ATLANTIC II AT THE POINT CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

21150 POINT PL
 AVENTURA FL 33180
 US

21150 POINT PL
 AVENTURA FL 33180
 US

622937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0665271

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLENN, ANDREW
C/O OF MANAGEMENT SERVICES
301 W CAMINO GARDENS BLVD
BOCA RATON FL 33432

Name

SKRLD, Inc.

Street Address (P.O. Box Number is Not Acceptable)

201 Alhambra Circle, Suite 1102

City

Coral Gables

FL

Zip Code

33134

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.

SIGNATURE **SKRLD, Inc. by Lisa A. Lerner, Secretary**

1/8/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DP WAGNER, STUART**
 STREET ADDRESS **21150 POINT PLACE #706**
 CITY-ST-ZIP **VENTURA FL 33180**

TITLE Change Addition
 NAME **DP WAGNER, STUART**
 STREET ADDRESS **21150 POINT PLACE #706**
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE Delete
 NAME **DVP JACOBS, MICHAEL**
 STREET ADDRESS **21150 POINT PL, #904**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS RAND, CLAIRE**
 STREET ADDRESS **21150 POINT PLACE #1105**
 CITY-ST-ZIP **MIAMI FL 33180**

TITLE Change Addition
 NAME **DS SUPERFINE, SHERRY**
 STREET ADDRESS **21150 Point Place #2006**
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE Delete
 NAME **DT ARONSON, LARRY**
 STREET ADDRESS **21150 POINT PLACE, #606**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME **DT ROSNER, STEVEN**
 STREET ADDRESS **21150 POINT PLACE #1601**
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE Delete
 NAME **D SUPERFINE, SHERRY**
 STREET ADDRESS **21150 POINT PLACE #2006**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME **D RAND, CLAIRE**
 STREET ADDRESS **21150 POINT PLACE #1105**
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET 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 empowered.

SIGNATURE:

DP WAGNER, STUART

1/3/01

305 933-9323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)