

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005965

FILED  
Jan 17, 2011  
Secretary of State

**Entity Name:** HARBOUR POINTE OF MIAMI CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6625 MIAMI LAKES DRIVE  
MANAGEMENT OFFICE, SUITE 242  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

1251 NE 108 ST.  
MIAMI, FL 33161

**Current Mailing Address:**

HARBOUR POINTE OF MIAMI CONDOMINIUM ASSOC.  
1251 NE 108 ST.  
MIAMI, FL 33161

**New Mailing Address:**

**FEI Number:** 65-0710642      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BASS, MICHAEL G P.A.  
8900 SW 107TH AVENUE  
SUITE 206  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GIMENEZ, CARLOS M PRES  
Address: 2100 SAN SOUCI BLVD APT # 1006  
City-St-Zip: N. MIAMI, FL 33161

Title: VP  
Name: BELLIDO, GRACE VP  
Address: 1251 NE 108 ST. APT. #615  
City-St-Zip: MIAMI, FL 33161

Title: S/T  
Name: BILES, LEONE S/T  
Address: 1251 NE 108 ST APT. # 705  
City-St-Zip: MIAMI, FL 33161

Title: D  
Name: JEANNE, JOSEPH  
Address: 1251 NE 108 ST APT # 610  
City-St-Zip: MIAMI, FL 33161

Title: D  
Name: SAYED, HUSSAIN  
Address: 1251 NE 108 ST APT # 701  
City-St-Zip: MIAMI, FL 33161

Title: D  
Name: LUZ, GIMENEZ  
Address: 2100 SAN SOUCI BLVD APT # 1006  
City-St-Zip: N MIAMI, FL 33181

I hereby 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 all other like empowered.

SIGNATURE: LEONE BILES

S/T

01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date