

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005965

FILED
Apr 06, 2012
Secretary of State

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

Current Principal Place of Business:

1251 NE 108 ST.
MIAMI, FL 33161

New Principal Place of Business:

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 (X)**

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: P
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: MILANO, NICOLAS
Address: 1251 NE 108 ST APT # 210
City-St-Zip: MIAMI, FL 33161

Title: D
Name: TOALA, WELLINGTON
Address: 1251 NE 108 ST APT # 817
City-St-Zip: MIAMI, FL 33161

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

04/06/2012

Electronic Signature of Signing Officer or Director

_____ Date