2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

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DOCUMENT # N9700006344 1. Entity Name THE POINTE AT HERON BAY ASSOCIATION, INC.						04-23-2007	7 90051 04	14 ****61.	25
Principal Plac A&M PARTNE 3475 N HIAT SUNRISE, FL	ERS, INC. IUS ROAD 33351	Mailing Address A&M PARTNERS, INC. 3475 NORTH HIATUS RO SUNRISE, FL 33351)AD		400'	73731 			
2. Principal P			Th AUE	NUE		1 1 1 11 11 13			HARL DE FRAN
Suite, Apt. #, etc. Suite &O City & State		Suite, Apt. #, etc. SUITE 30 / City & State			01262007 4. FEI Numbe	Chg-NP	CR2E0)37 (12/06)	pplied For
• • •	NO BEACH, FL		ACH, F	ζ.	65-0624			<u> </u>	t Applicable
Zip	Country	Zip	Country		F 0-4:6			\$8.75 Add	
3306			BROWA	RD	5. Certificate	of Status Desire	id []	Fee Require	
	6. Name and Address of Current	Registered Agent				Address of Nev	w Registered	Agent	
A&M PARTNERS, INC. 3475 N HIATUS ROAD SUNRISE, FL 33351			EXC!	Name TINA KYAN EXCLUSIVE PROFERTY MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 1280 Sw 36 Th AVENUE					
			<u>501</u>	ìΤE	<u>30 l</u>			1 *** 0 - 3	
			Pom	PANO	D BEAC	Н	Fl	Zio Coo - 33 <i>0</i>	69
	named entity submits this statement lo	the purpose of changing its re	egistered office of	or register	ed agent, or both	h, in the State of	f Florida. I am	familiar with,	and accept
SIGNATURE	* Tina Ry	Portion (NOTE:	Registered Agent signs	ature required	when reinstating)		4-10 DATE	0-07	
	Jan Ru	9. Election Camp Trust Fund Co	paign Financing	aturė required	\$5.00 May Be Added to Fees	B F	DATE	ck payable t	
	Signature, typed or printed name of registered pent. Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Bo	F	Make chec	ck payable t	tate
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indicated on this report or supplied with this hang does not quality for the exemptions contained in Chapter 119. Horida 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:

GNATURE AND THE CONTRINTED NAME OF STRING OFFICER OR DIRECTOR

15 APRIL 2007

Daytime Phone #