NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 20, 2005 8:00 am Secretary of State 04-20-2005 90296 022 ****61.25 DOCUMENT # N99000002722 1. Entity Name ISLAND POINTE AT BAY HARBOR CONDOMINIUM ASSOCIATION, INC. 40063279 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 10350 W. BAY HARBOR DRIVE 10350 W. BAY HARBOR DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State BAY HARBOR, FL 4. FEI Number Applied For BAY HARBOR, FL 06-1575242 Not Applicable Country Zip 33154 \$8.75 Additional 33154 5. Certificate of Status Desired USA USA Fee Required 7. Name and Address of Current Registered Agent Name SKRLD, INC. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 201 ALHAMBRA CIRCLE, STE 1102 Zip Code 33134 **CORAL GABLES** 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. I am familiar with, and accept the obligations of registered agent, LISA A. LERNER, SECRETARY 03-23-05 (NOTE: Registered Agent signature required when reinstating) DATE FEE IS \$61.25₂ 's 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Initial or Amended UBR Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. (12/02)Stanley Wasman - PRESIDENT NAME 10350 W. Bay Harbor Drive STREET ADDRESS STREET ADDRESS Bay Harbour Islands, FL 33154 CITY-ST-ZIE CITY-ST-ZIP TITLE Dena Willman - VICE PRESIDENT NAME NAME 10350 W. Bay Harbor Drive STREET ADORESS STREET ADDRESS Bay Harbour Islands, FL 33154 CITY-ST-ZIP CITY-ST-7IP Patricia Butler - SECRETARY & TREASURER NAME 10350 W. Bay Harbor Drive STREET ADDRESS STREET ADDRESS Bay Harbour Islands, FL 33154 DO NOT WRITE CITY: ST-7IP CITY-ST-ZIP TITLE JITLE. Marty Dareft - DIRECTOR IN THIS SPACE NAME NAME: * 10350 W. Bay Harbor Drive STREET ADDRESS STREET ADDRESS Bay Harbour Islands, FL 33154 CITY-ST-ZIP CITY-ST-ZIP

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^{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 on an attachment with an address, with all other like empowered.