


04-12-2007 90027 018 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000002722					
1. Entity Name ISLAND POINTE AT BAY HARBOR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10350 W BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154		Mailing Address 10350 W BAY HARBOR DR BAY HARBOR, FL 33154			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
Country		Country		Country	
6. Name and Address of Current Registered Agent SKRELO INC 201 ALHAMBRA CIR STE 1102 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name: <u>Cuevas & Ortiz, P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>536 Biltmore Way</u> City: <u>Coral Gables</u> FL Zip Code: <u>33134</u>	
8. The above named party 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. SIGNATURE: <u>Armando Cuevas</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small> DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, KATHLEEN		NAME	Armando A. Santelices, M.D.	
STREET ADDRESS	10350 W BAY HARBOR DR		STREET ADDRESS	10350 W. Bay Harbor Drive #6AB	
CITY-ST-ZIP	BAY HARBOR, FL 33154		CITY-ST-ZIP	Bay Harbor Islands FL 33154	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JALLMAN, DENA		NAME	Marty Daret	
STREET ADDRESS	10350 W BAY HARBOR DR		STREET ADDRESS	10350 W. Bay Harbor Drive #3R	
CITY-ST-ZIP	BAY HARBOR, FL 33154		CITY-ST-ZIP	Bay Harbor Islands FL 33154	
TITLE		<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	OLIVIA DANU	
STREET ADDRESS			STREET ADDRESS	10350 W. BAY HARBOR DRIVE #6AE	
CITY-ST-ZIP			CITY-ST-ZIP	Bay Harbor Islands, FL 33154	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u>		Date: <u>4/5/07</u>		Daytime Phone: <u>805 8648296</u>	
<small>(Signature, typed or printed name of signing officer or director)</small>		<small>Date</small>		<small>Daytime Phone</small>	

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