


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90029 017 ****61.25

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	Country	Zip	Country	4. FEI Number 06-1575242	Applied For Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CUEVAS & ORTIZ, PA 536 BILTMORE WAY CORAL GABLES, FL 33134				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)					
Filing Fee is \$61.25 Due by May 1, 2008		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 type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTELICES, ARMANDO A M.D.		NAME	EDUARDO KAZANJIAN	
STREET ADDRESS	10350 W. BAY HARBOR DRIVE #6AB		STREET ADDRESS	10350 W. Bay Harbor Dr # 8TUV	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154		CITY-ST-ZIP	Bay Harbor Island, FL 33154	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAREFT, MARTY		NAME	JORGE MONTELONGO	
STREET ADDRESS	10350 W. BAY HARBOR DRIVE #3R		STREET ADDRESS	10350 W. Bay Harbor Dr #	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154		CITY-ST-ZIP	Bay Harbor Island, FL 33154	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANN, OLIVIA		NAME	ANGEL ALVAREZ	
STREET ADDRESS	10350 W. BAY HARBOR DRIVE #PHE		STREET ADDRESS	10350 W. Bay Harbor Dr. # PHAB	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154		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: _____ DATE: _____ DAYTIME PHONE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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SIGNATURE: *ANGEL L. ALVAREZ*