

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002722

FILED
Apr 09, 2009
Secretary of State

Entity Name: ISLAND POINTE AT BAY HARBOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10350 W BAY HARBOR DRIVE
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

Current Mailing Address:

10350 W BAY HARBOR DR
BAY HARBOR, FL 33154

New Mailing Address:

10350 W BAY HARBOR DRIVE
BAY HARBOR ISLANDS, FL 33154

FEI Number: 06-1575242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUEVAS & ORTIZ, PA
536 BILTMORE WAY
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ROUSSO, MARK E ESQ
1000 E. HALLANDALE BEACH BLVD
SUITE B
HALLANDALE BEACH, FL 33009 US

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: MARK E ROUSSO

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KAZANTIAN, EDWARD
Address: 10350 W BAY HARBOR DR #810
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: VP () Delete
Name: MONTELONGO, JORGE
Address: 10350 W. BAY HARBOR DRIVE #3R
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: T () Delete
Name: ALVAREZ, ANGEL
Address: 10350 W. BAY HARBOR DRIVE #PHE
City-St-Zip: BAY HARBOR ISLAND, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWARD KAZANTIAN

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date