

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90071 042 ****61.75

DOCUMENT # N 99000002722 ✓ NC
1. Entity Name
Island Pointe at Bay Harbor
Condominium Association, INC. 8/18/03

10091409

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10350 W. Bay Harbor Dr. Suite, Apt. #, etc. Management Office City & State Bay Harbor Islands Zip 33154 Country USA		3. Mailing Address 10350 W. Bay Harbor Dr. Suite, Apt. #, etc. Management Office City & State Bay Harbor Islands Zip 33154 Country USA	
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DO NOT WRITE IN THIS SPACE

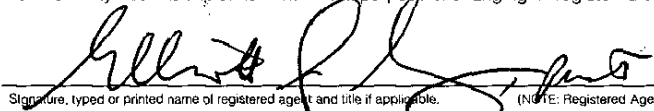
4. FEI Number 06-1575242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name John Ritter
Street Address (P.O. Box Number is Not Acceptable)
555 N.E. 15th St.
Venetia Center, Suite 100
City Miami FL Zip Code 33132

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.

SIGNATURE  DATE April 28, 03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

**Make Check Payable to
Department of State**

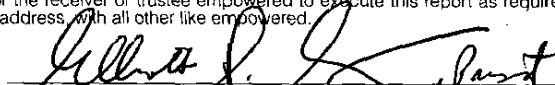
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	 P Elliott Sharaby 10350 W. Bay Harbor Dr. #10AB Bay Harbor Islands, FL. 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 V Mary Doyle 10350 W. Bay Harbor Dr. #30 Bay Harbor Islands, FL. 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 T Lori Gamel 10350 W. Bay Harbor Dr. #10A Bay Harbor Islands, FL. 33154
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CR2E037B (12/01)

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.

SIGNATURE:  DATE April 28, 03 305-993-1300
Signature and typed or printed name of signing officer or director Date Daytime Phone #