

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003123

**FILED**  
**Jan 06, 2015**  
**Secretary of State**  
**CC0962423471**

**Entity Name:** SOUTH TOWER AT THE POINT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

21055 YACHT CLUB DRIVE  
MANAGER'S OFFICE  
AVENTURA, FL 33180

**Current Mailing Address:**

21055 YACHT CLUB DRIVE  
MANAGER'S OFFICE  
AVENTURA, FL 33180 US

**FEI Number: 65-0579504**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
ALHAMBRA TOWERS  
121 ALHAMBRA PLAZA, 10TH FLOOR  
CORAL GABLES, FL 33134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MARKS, LINDA  
Address        21055 YACHT CLUB DRIVE  
                  MANAGER'S OFFICE  
City-State-Zip: AVENTURA FL 33180

Title            DIRECTOR  
Name            HEICHMAN, TEDDY  
Address        21055 YACHT CLUB DRIVE  
                  MANAGER'S OFFICE  
City-State-Zip: AVENTURA FL 33180

Title            VP  
Name            HENRIQUEZ, JULIO  
Address        21055 YACHT CLUB DRIVE  
                  MANAGEMENT OFFICE  
City-State-Zip: AVENTURA FL 33180

Title            TREASURER  
Name            NAPCHAN, MARCOS  
Address        21055 YACHT CLUB DRIVE  
                  MANAGEMENT OFFICE  
City-State-Zip: AVENTURA FL 33180

Title            SECRETARY  
Name            TAFURT, ANTONIO  
Address        21055 YACHT CLUB DRIVE  
                  MANAGER'S OFFICE  
City-State-Zip: AVENTURA FL 33180

*I hereby 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 all other like empowered.*

**SIGNATURE: LINDA MARKS**

**PRESIDENT**

**01/06/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date