## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003131

Entity Name: THE POINT OF AVENTURA MAINTENANCE ASSOCIATION, INC.

**FILED** Feb 06, 2024 **Secretary of State** 5753405668CC

## **Current Principal Place of Business:**

21125 YACHT CLUB DR. AVENTURA, FL 33180

## **Current Mailing Address:**

21125 YACHT CLUB DR. AVENTURA, FL 33180 US

FEI Number: 65-0536212 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SKRLD, INC. 201 ALHAMBRA CIRCLE 11TH 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: GARY MARS, ESQ. 02/06/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **SECRETARY** Title **DIRECTOR** 

WEINSTEIN, EDWARD Name Name FIRESTONE, SHERRY

Address 21055 YACHT CLUB DRIVE Address 21205 POINT PLACE #2301 #906

AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180 City-State-Zip:

**PRESIDENT DIRECTOR** Title Title

Name BALDWIN, COLLEEN Name LICHTENSTEIN, MARIO

21150 POINT PLACE Address Address 21050 POINT PLACE #1704

#2605

AVENTURA FL 33180 AVENTURA FL 33180 City-State-Zip: City-State-Zip:

Title ٧P Title **TREASURER** 

KOCH. ARTHUR Name SILVERS, STEVEN DR. Name

Address 3727 NE 214TH STREET Address 21200 POINT PLACE #307

City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

DIRECTOR Title

HAGANS, MATTHEW Name

Address 3750 YACHT CLUB DRIVE

TH301

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.

02/06/2024 SIGNATURE: COLLEEN BALDWIN **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

Date