

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718013 (6)

1. Corporation Name
POINTE TOWERS CONDOMINIUM, INC.



Principal Place of Business Mailing Address
% MRS. LORETTA PREDMORE 555 GULF WAY #6-S PASS-A-GRILLE FL 33706
% MRS. LORETTA PREDMORE 555 GULF WAY #6-S PASS-A-GRILLE FL 33706

3. Date Incorporated or Qualified **02/04/1970** 3a. Date of Last Report **03/31/1995**
4. FEI Number **59-1834597** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**MIDYETTE, WILLIAM M III
2012 S. FLA AVENUE
LAKELAND FL 33803**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREDMORE, JOHN W	1.2 NAME	Predmore, John W.
STREET ADDRESS	555 GULF WAY #6-5	1.3 STREET ADDRESS	555 Gulf way 2 South
CITY-ST-ZIP	PASS-A-GRILLE FL 33706	1.4 CITY-ST-ZIP	PASS A Grille FL 33706
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARNAGE, ISAAC W	2.2 NAME	Harnage, ISAAC W
STREET ADDRESS	555 GULF WAY #6-5	2.3 STREET ADDRESS	555 Gulf way 1 South
CITY-ST-ZIP	PASS-A-GRILLE FL 33706	2.4 CITY-ST-ZIP	PASS A Grille FL 33706
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREDMORE, LORETTA	3.2 NAME	Predmore, Loretta
STREET ADDRESS	555 GULF WAY #6-5	3.3 STREET ADDRESS	555 Gulf Way 6 South
CITY-ST-ZIP	PASS-A-GRILLE FL 33706	3.4 CITY-ST-ZIP	PASS A Grille FL 33706
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDYETTE, WILLIAM	4.2 NAME	
STREET ADDRESS	422 MORINGSIDE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, DR. LARRY	5.2 NAME	400001750324
STREET ADDRESS	555 GULF WAY #3-N	5.3 STREET ADDRESS	-03/20/96--01007--001
CITY-ST-ZIP	PASS-A-GRILLE FL 33706	5.4 CITY-ST-ZIP	***61.25
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PHILLIP	6.2 NAME	
STREET ADDRESS	261 LELY BEACH BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Wilson Predmore Inc Date: January 29/96 Daytime Phone #: 360-7565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)