NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718013

1. Corporation Name

POINTE TOWERS CONDOMINIUM, INC.

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

% MRS. LORETTA PREDMORE 555 GULF WAY #6-S PASS-A-GRILLE FL 33706

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90010 014 ****61.25

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2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		3. Date Incorporated or Qualifed 02/04/1970		
21		26				C-4 F-4	
Suite, Apt.	ite, Apt. #, etc Suite, Apt. #, etc.		****		4. FEI Number 59-1834597	1	Applicable
22	27				33 1004307		
City & State	City & State . City & State				5. Certificate of Status Desired \$8.75 Additional Fee Required		
Zip	Country Zip		Country		6. Election Campaign Financing	\$5.00 1	May Be
24	25 29		30		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name			
MIDYETTE, WILLIAM M III				Street Addre	ess (P.O. Box Number is Not Acceptable)		
2012 S. FLA AVENUE							
LAKELAND FL 33803							
24/12/11/00/12 00000				City		85 Zip C	ode
			84			FL	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named corpo	pration submits this statement for the purpose	of changing its	registered
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	it Florida. Such change was auth	onzed by	une corporation	n's board of directors. I hereby accept the ap	politiment as reg	IISIGIBU
	, , , , , , , , , , , , , , , , , , ,						l
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register				t signature required	when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD DELETE		1.1 TITLE			Change	☐ Addition
NAME	PREDMORE, JOHN W		1.2 NAME				
STREET ADDRESS	ss 555 GULF WAY #2 SOUTH		1.3 STREET ADDRESS				
CITY-ST-ZIP	PASS-A-GRILLE FL 33706		1.4 CITY-ST-ZIP				<u>_</u>
TITLE	VD	DELETE 21 T				Change	☐ Addition
NAME	HARNAGE, ISAAC W'		2.2 NAME				ſ
STREET ADDRESS	5707 ROSS CREEK RD		2.3 STREET	ADDRESS			}
CITY-ST-ZIP	LAKELAND FL		2. 4 CITY-ST-ZIP		eng un serran un se	- ,	
TITLE	D DELETE 3.1		3.1 TITLE			Change	Addition
NAME	PREDMORE, LORETTA		3.2 NAME				
STREET ADDRESS	555 GULF WAY #6 SOUTH		3.3 STREET ADDRESS				
CITY-ST-ZIP	PASS-A-GRILLE FL 33706		3.4. CITY-ST-ZIP				
TITLE	D DELETE		4.1 TITLE			Change	☐ Addition
NAME	MIDYETTÉ, 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 DELETE		5.1 TITLE			Change	☐ Addition
NAME	-		5.2 NAME				
STREET ADDRESS	FFF OU 1 F 14/43/ MEAL		5.3 STREET	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE			6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME		·		
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			
14 hosebu s		h this filing door not qualify for th	a avamati	ion stated in Si	ection 119 07(3)(i) Florida Statutes, I further	certify that the in	formation

4. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE DISTRIBUTED NAME OF SIGNING OFFICER OR DIRECTOR

January 19.199 360-7565

R2E037 (11/98) -