

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

06-15-2001 90171 041 ****61.25

A0073460

DOCUMENT # 718013

1. Entity Name

POINTE TOWERS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

C/O LORETTA PREDMORE
 555 GULF WAY #6 S
 PASS-A-GRILLE, FL 33706

C/O LAMONT MANAGEMENT
 250 104TH AVENUE
 TREASURE ISLAND, FL 33706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1834597

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIDYETTE, WILLIAM M III
 2012 S. FLA AVENUE
 LAKELAND, FL 33803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent, and title if applicable.

NOTE: Registered Agent Signature required when renewing.

Date

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

10. State or Territory of Origin

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PREDMORE, JOHN W 555 GULF WAY #2 SOUTH TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARNAGE, ISAAC W 5707 ROSS CREEK RD LAKELAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREDMORE, LORETTA 555 GULF WAY #6 SOUTH PASS-A-GRILLE, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIDYETTE, WILLIAM 422 MORNINGSIDE LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, PHILLIP 555 GULF WAY #5N ST PETE BEACH, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other the empowered.

SIGNATURE:

John W Predmore John W Predmore

4/27/01 929-360-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deadline: 11/00



Attachment
A073400

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 31, 2001

POINTE TOWERS CONDOMINIUM, INC.
% LAMONT MANAGEMENT
250 104TH AVENUE
TREASURE ISLAND, FL 33706

Subject: **POINTE TOWERS CONDOMINIUM, INC.**

Reference
Number:

718013

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sg
ANNUAL REPORTS SECTION