


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90250 025 \*\*\*\*61.25

<b>DOCUMENT # 718013</b>					
1. Entity Name POINTE TOWERS CONDOMINIUM, INC.					
Principal Place of Business % MRS. LORETTA PREDMORE 555 GULF WAY #6-S PASS-A-GRILLE, FL 33706			Mailing Address LAMONT MANAGEMENT 250 104TH AVENUE PASS-A-GRILLE, FL 33706		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MIDYETTE, WILLIAM M III 225 EAST LEMON ST STE 300 LAKELAND, FL 33801				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREDMORE, JOHN W		NAME		
STREET ADDRESS	555 GULF WAY #2 SOUTH		STREET ADDRESS		
CITY-ST-ZIP	PASS-A-GRILLE, FL 33706		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEFSTAD, THERESA		NAME		
STREET ADDRESS	2116 FEATHERSOUND DR		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33762		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PREDMORE, LORETTA		NAME	JAMISON, JOYCE	
STREET ADDRESS	555 GULF WAY #6 SOUTH		STREET ADDRESS	555 GULF WAY #3 SOUTH	
CITY-ST-ZIP	PASS-A-GRILLE, FL 33706		CITY-ST-ZIP	ST PETE BEACH, FL 33706	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDYETTE, WILLIAM		NAME		
STREET ADDRESS	422 MORINGSIDE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PHILIP		NAME		
STREET ADDRESS	555 GULF WAY, #5N		STREET ADDRESS		
CITY-ST-ZIP	ST PETE BEACH, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>John W Predmore</i>		John Predmore		4/21/05 729-360-3644	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	