


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90458 037 ****61.25

DOCUMENT # 718013

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04112006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
 59-1834597

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** 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
 NAME PREDMORE, JOHN W
 STREET ADDRESS 555 GULF WAY #2 SOUTH
 CITY-ST-ZIP PASS-A-GRILLE, FL 33706 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE ~~D~~
 NAME SCHEFSTAD, THERESA
 STREET ADDRESS 2116 FEATHERSOUND DR
 CITY-ST-ZIP CLEARWATER, FL 33762 Delete

TITLE DS
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE D
 NAME JAMISON, JOYCE
 STREET ADDRESS 555 GULF WAY #3 SOUTH
 CITY-ST-ZIP SAINT PETERSBURG, FL 33706 Delete

TITLE DT
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE D
 NAME MIDYETTE, WILLIAM
 STREET ADDRESS 422 MORINGSIDE
 CITY-ST-ZIP LAKELAND, FL 33801 Delete

TITLE ^{BY} CRAIG KOLB
 NAME
 STREET ADDRESS 22 CLEVELAND AVE -
 CITY-ST-ZIP MILFORD, OHIO 45150 Change Addition

TITLE ~~D~~
 NAME BROWN, PHILIP
 STREET ADDRESS 555 GULF WAY, #5N
 CITY-ST-ZIP ST PETE BEACH, FL Delete

TITLE DV
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John W Predmore 4/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #