

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718013

FILED
Mar 24, 2009
Secretary of State

Entity Name: POINTE TOWERS CONDOMINIUM, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

250 104TH AVENUE
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 59-1834597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREDMORE, LORETTA MS
555 GULF WAY #6-5
PASS-A-GRILLE, FL 33706 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PREDMORE, LORETTA B
Address: 555 GULF WAY #2 SOUTH
City-St-Zip: PASS-A-GRILLE, FL 33706

Title: VP () Delete
Name: GOMBERG, BARRY
Address: 1162 PLYMOUTH CT #15W
City-St-Zip: CHICAGO, IL 60605

Title: BM () Delete
Name: JAMISON, JOYCE
Address: 555 GULF WAY #3 SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: DT () Delete
Name: DOCKETT, FRANK
Address: 555 GULFWAY
City-St-Zip: PASS-A-GRILLE, FL 33706

Title: D () Delete
Name: BROWN, MARY LOU
Address: 555 GULF WAY
City-St-Zip: PASS-A-GRILLE, FL 33706

Title: DS () Delete
Name: OBER, SUSAN
Address: 469 VALLEY ROAD
City-St-Zip: WATCHUNG, NJ 07069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MIDYETTE, WILLIAM
Address: 422 MORNINGSIDE DR.
City-St-Zip: LAKEWOOD, FL 33803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: SCHEFSTAD, THERESA
Address: 2116 FEATHER SOUND DRIVE
City-St-Zip: CLEARWATER, FL 33762

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORETTA PREDMORE

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03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date