

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718013

FILED  
Feb 25, 2011  
Secretary of State

**Entity Name:** POINTE TOWERS CONDOMINIUM, INC.

**Current Principal Place of Business:**

555 GULF WAY  
ST. PETERSBURG BEACH, 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:**

SUE, LAMONT  
250 104TH AVENUE  
TREASURE ISLAND, 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: VD  
Name: MIDYETTE, WILLIAM  
Address: 422 MORNINGSIDE DR.  
City-St-Zip: LAKELAND, FL 33803

Title: T  
Name: SCHEFSTAD, THERESA  
Address: 2116 FEATHER SOUND DR.  
City-St-Zip: CLEARWATER, FL 33762

Title: S  
Name: OBER, SUSAN  
Address: 469 VALLEY RD.  
City-St-Zip: WATCHUNG, NJ 07069

Title: D  
Name: LIPPONEN, CHERYL L  
Address: 555 GULF WAY #4S  
City-St-Zip: ST. PETERSBURG BEACH, FL 33706

Title: D  
Name: BROWN, MARY LOU  
Address: 555 GULF WAY #5N  
City-St-Zip: PASS-A-GRILLE, FL 33706

Title: P  
Name: PREDMORE, LORETTA  
Address: 6925 11TH AVE N  
City-St-Zip: ST PETERSBURG, FL 33710

I hereby 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 all other like empowered.

SIGNATURE: LORETTA PREDMORE

P

02/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date