


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90093 032 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
**MIDYETTE, WILLIAM M III
225 EAST LEMON ST STE 300
LAKELAND FL 33801**

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

FILE NOW: FEE IS \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	PREDMORE, JOHN W	555 GULF WAY #2 SOUTH	PASS-A-GRILLE FL 33706	<input type="checkbox"/>
VD	HARNAGE, ISAAC W	5707 ROSS CREEK RD	LAKELAND FL	<input type="checkbox"/>
D	PREDMORE, LORETTA	555 GULF WAY #6 SOUTH	PASS-A-GRILLE FL 33706	<input type="checkbox"/>
D	MIDYETTE, WILLIAM	422 MORINGSIDE	LAKELAND FL 33801	<input type="checkbox"/>
D	BROWN, PHILIP	555 GULF WAY, #5N	ST PETE BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **A SIGNATURE IS REQUIRED**
A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
January 30 2003 360-6988

CR2E037 (10/02)