

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **727151** (3)

1. Corporation Name  
**POINTE OVERLOOK CONDOMINIUM ASSOCIATION, INC.**

95 FEB -5 PM 12:15

Principal Place of Business Mailing Address  
**7275 E OAKRIDGE CIRCLE LANTANA FL 33462**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/09/1973</b>	3a. Date of Last Report <b>02/25/1994</b>
4. FEI Number <b>59-1682649</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**WEBER, SHARON A.  
BECKER, POLIAKOFF & STREITFELD, P.A.  
824 U.S. HIGHWAY 1, SUITE 260  
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	O'REILLY, HELEN
STREET ADDRESS	7254 W. OAKRIDGE CIRCLE
CITY-ST-ZIP	LANTANA FL
TITLE	D
NAME	VEHKAKANGAS, ERIC
STREET ADDRESS	7317 W. OAKRIDGE CIRCLE
CITY-ST-ZIP	LANTANA FL
TITLE	D
NAME	<del>XXXXXXXXXX</del>
STREET ADDRESS	<del>7200 E OAKRIDGE CIRCLE</del>
CITY-ST-ZIP	<del>LANTANA FL</del>
TITLE	D VP
NAME	JOHNSON, ROBERT
STREET ADDRESS	7202 W. OAKRIDGE CIRCLE
CITY-ST-ZIP	LANTANA FL
TITLE	D
NAME	<del>XXXXXXXXXX</del>
STREET ADDRESS	<del>7200 E OAKRIDGE CIR</del>
CITY-ST-ZIP	<del>LANTANA FL</del>
TITLE	D PRESIDENT
NAME	AUTIO, HERBERT
STREET ADDRESS	7401 W. OAKRIDGE CIR
CITY-ST-ZIP	LANTANA FL 33462

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Boudreau Claire	
1.3 STREET ADDRESS	1057 N. Oakridge Circle	
1.4 CITY-ST-ZIP	Lantana FL 33462	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pagette Roland	
2.3 STREET ADDRESS	7377 W. Oakridge Circle	
2.4 CITY-ST-ZIP	Lantana FL 33462	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Revolinsky Edmund	
3.3 STREET ADDRESS	1059 N. Oakridge Circle	
3.4 CITY-ST-ZIP	Lantana FL 33462	
4.1 TITLE	D Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Weghorn Teresa	
4.3 STREET ADDRESS	7255 East Oakridge Circle	
4.4 CITY-ST-ZIP	Lantana FL 33462	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Wilhelm Frederick	
5.3 STREET ADDRESS	7403 W. Oakridge Circle	
5.4 CITY-ST-ZIP	Lantana FL 33462	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Herbert A. Autio, President 1/24/95 (497) 533-5749  
DATE: \_\_\_\_\_ (Type in Three)