

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **727151** (3)
1. Corporation Name
POINTE OVERLOOK CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 08/09/1973
3a. Date of Last Report: 02/06/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1682649	Not Applicable
22	22	27	27	5	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
23	23	28	28	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip		Zip		<input type="checkbox"/>	
24	24	29	29	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country		Country		<input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WEBER, SHARON A. BECKER, POLIAKOFF & STREITFELD, P.A. 824 U.S. HIGHWAY 1, SUITE 260 NORTH PALM BEACH FL 33408				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		11 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CLARIE, BOUDREAU			12 NAME	Robert N. Johnson		
STREET ADDRESS	1057 N OAKRIDGE CIRCLE			13 STREET ADDRESS	7022 West Oakridge Circle		
CITY-ST-ZIP	LANTANA FL			14 CITY-ST-ZIP	Lantana, FL 33462		
TITLE	D	<input checked="" type="checkbox"/> DELETE		21 TITLE	Asst. Secretary	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROLAND, PAQUETTE			22 NAME	Helen O'Reilly		
STREET ADDRESS	7377 W OAKRIDGE CIRCLE			23 STREET ADDRESS	7254 West Oakridge Circle		
CITY-ST-ZIP	LANTANA FL			24 CITY-ST-ZIP	Lantana, FL 33462		
TITLE	D	<input checked="" type="checkbox"/> DELETE		31 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	EDMUND, REVOLINSKY			32 NAME	ERKKI UHKAKANGAS		
STREET ADDRESS	1059 N OAKRIDGE CIRCLE			33 STREET ADDRESS	7317 West Oakridge Circle		
CITY-ST-ZIP	LANTANA FL			34 CITY-ST-ZIP	Lantana, FL 33462		
TITLE	DT	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEGHORN, TERESA			42 NAME			
STREET ADDRESS	7255 EAST OAKRIDGE CIRCLE			43 STREET ADDRESS			
CITY-ST-ZIP	LANTANA FL			44 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREDENCK, WILHELM			52 NAME			
STREET ADDRESS	7403 W OAKRIDGE CIRCLE			53 STREET ADDRESS			
CITY-ST-ZIP	LANTANA FL			54 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AUTIO, HERBERT			62 NAME			
STREET ADDRESS	7401 W. OAKRIDGE CIR			63 STREET ADDRESS			
CITY-ST-ZIP	LANTANA FL			64 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 119.07(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 617, 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 DATE: January 24, 1996 (407) 533-5749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)