


**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS
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**FILED**

98 MAR -2 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 727181  
 1. Corporation Name  
 POINTE OVERLOOK CONDOMINIUM ASSOCIATION

Principal Place of Business POINTE OVERLOOK 7275 OAKRIDGE CIRCLE LANTANA, FLORIDA 33462	Mailing Address
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**REINSTATEMENT** 01-98

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Zip
25. Country	2e. Country

4. FEI Number	Applied For
N/A	<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
 BECKER + POLIAROFF P.A.  
 500 AUSTRALIAN AVE SO.  
 WEST PALM BEACH, FLORIDA 33401

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0602 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: *Kenneth S. Direktor* DATE: 1/26/98

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	GEORGE FARINO
STREET ADDRESS	7378 E. OAKRIDGE CIRCLE
CITY-ST-ZIP	LANTANA FLORIDA 33462
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE
NAME	JAKE RYAN
STREET ADDRESS	1029 N OAKRIDGE CIRCLE
CITY-ST-ZIP	LANTANA FLORIDA 33462
TITLE	SEC. <input type="checkbox"/> DELETE
NAME	NORMAN CLOUTIER
STREET ADDRESS	7354 E. OAKRIDGE CIRCLE
CITY-ST-ZIP	LANTANA FLORIDA 33462
TITLE	TREAS. <input type="checkbox"/> DELETE
NAME	PIRKKO CARLSON
STREET ADDRESS	7265 E. OAKRIDGE CIRCLE
CITY-ST-ZIP	LANTANA FLORIDA 33462
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	HERB AUTIO
STREET ADDRESS	7401 W OAKRIDGE CIRCLE
CITY-ST-ZIP	LANTANA FLORIDA 33462
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	ERIC VEHRKANGAS
STREET ADDRESS	7317 W. OAKRIDGE CIRCLE
CITY-ST-ZIP	LANTANA FLORIDA 33462

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	200002448262--0
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	200002448262--0
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 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: *George Farino* DATE: 1/20/98 (PRES)

CFR2E037 (10/97)