

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90053 023 \*\*\*\*61.25

**\*NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 727151**

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

Principal Place of Business  
 7275 OAKRIDGE CIRCLE  
 LANTANA FL 33462

Mailing Address  
 7275 OAKRIDGE CIRCLE  
 LANTANA FL 33462



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/09/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BECKER & POLIAKOFF 500 AUSTRALIAN AVE. SO. WEST PALM BEACH FL 33401				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	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARINO, GEORGE			1.2 NAME	MITCHELL, DOROTHY		
STREET ADDRESS	7378 E. OAKRIDGE CIRCLE			1.3 STREET ADDRESS	7351 E OAKRIDGE CIRCLE		
CITY-ST-ZIP	LANTANA FL 33462			1.4 CITY-ST-ZIP	LANTANA FLORIDA 33462		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RYAN, JAKE			2.2 NAME	GLORIA YOUNGREN		
STREET ADDRESS	1029 N. OAKRIDGE CIRCLE			2.3 STREET ADDRESS	7400 W OAKRIDGE CIRCLE		
CITY-ST-ZIP	LANTANA FL 33462			2.4 CITY-ST-ZIP	LANTANA FLORIDA 33462		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLOUTIER, NORMAN			3.2 NAME	WALES, CATHERYN		
STREET ADDRESS	7354 E. OAKRIDGE CIR.			3.3 STREET ADDRESS	7407 W OAKRIDGE CIRCLE		
CITY-ST-ZIP	LANTANA FL 33462			3.4 CITY-ST-ZIP	LANTANA FLORIDA 33462		
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARLSON, PIRKKO			4.2 NAME	WEGHOAN, THERESA		
STREET ADDRESS	7265 E. OAKRIDGE CIR.			4.3 STREET ADDRESS	7235 E OAKRIDGE CIRCLE		
CITY-ST-ZIP	LANTANA FL 33462			4.4 CITY-ST-ZIP	LANTANA FLORIDA 33462		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AUTIO, HERB			5.2 NAME	EDWARD KELLEY		
STREET ADDRESS	7401 W. OAKRIDGE CIR.			5.3 STREET ADDRESS	7376 W OAKRIDGE CIRCLE		
CITY-ST-ZIP	LANTANA FL 33462			5.4 CITY-ST-ZIP	LANTANA FLORIDA 33462		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VEHKAKANGAS, ERIC			6.2 NAME			
STREET ADDRESS	7317 W. OAKRIDGE CIR.			6.3 STREET ADDRESS			
CITY-ST-ZIP	LANTANA FL 33462			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, with all other like empowered.

SIGNATURE: [Signature] 2-7-99 561-586-8492  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)