

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727151

1. Entity Name

POINTE OVERLOOK CONDOMINIUM ASSOCIATION, INC.

FILED
00 MAR -9 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

OAKRIDGE CIRCLE
FL 33462

7275 OAKRIDGE CIRCLE
LANTANA FL 33462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF
500 AUSTRALIAN AVE. SO.
WEST PALM BEACH FL 33401

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DOROTHY, MICHELLE	
STREET ADDRESS	735 1 E OAKRIDGE CIR.	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	YOUNGREN, GLORIA	
STREET ADDRESS	7400 W OAKRIDGE CIR.	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	S	<input type="checkbox"/> Delete
NAME	WALEY, CATHERYN	
STREET ADDRESS	7407 W OAKRIDGE CIR	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEGHORN, THERESA	
STREET ADDRESS	7235 E OAKRIDGE CIR.	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AUTIO, HERB	
STREET ADDRESS	7401 W. OAKRIDGE CIR.	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDWARD WELLE	
STREET ADDRESS	1084 S. OAKRIDGE CIR.	
CITY-ST-ZIP	LANTANA FL 33462	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PANN MARIE INKILA	
STREET ADDRESS	1022 S. OAKRIDGE CIR	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVER HARJU	
STREET ADDRESS	7206 W. OAKRIDGE	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN HALONEN	
STREET ADDRESS	1025 N. OAKRIDGE CIR.	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	BOARD M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBERT MITCHELL	
STREET ADDRESS	7351 E OAKRIDGE CIR.	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	BOARD M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON COOK	
STREET ADDRESS	7252 W. OAKRIDGE CIR.	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	BOARD M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER LEFEBVRE	
STREET ADDRESS	7357 E. OAKRIDGE CIR	
CITY-ST-ZIP	LANTANA, FL 33462	

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: *W. Mitchell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)