

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90017 044 ****61.25

DOCUMENT # 727151

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	INKILA, ANN MARIE	
STREET ADDRESS	1022 S. OAKRIDGE CIR	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HARJU, OLIVER	
STREET ADDRESS	7206 W. OAKRIDGE	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WALES, CATHERYN	
STREET ADDRESS	7407 W OAKRIDGE CIR	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEGHORN, THERESA	
STREET ADDRESS	7235 E OAKRIDGE CIR.	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HALONEN, MARTIN	
STREET ADDRESS	1025 N. OAKRIDGE CIR	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HERMANSON, AILA	
STREET ADDRESS	1084 S. OAKRIDGE CIR	
CITY-ST-ZIP	LANTANA FL 33462	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dichmann, Wesley	
STREET ADDRESS	7214 E. Oakridge Circle	
CITY-ST-ZIP	Lantana, FL 33462	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tuttle, Addalu	
STREET ADDRESS	7282 E. Oakridge Circle	
CITY-ST-ZIP	Lantana, FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weghorn Theresa	
STREET ADDRESS	7235 E Oakridge Circle	
CITY-ST-ZIP	Lantana, FL 33462	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Halonon martin	
STREET ADDRESS	1025 N Oakridge Cir.	
CITY-ST-ZIP	Lantana, FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Martin F. Halonon

MARTIN F. HALONON
 2/14/01

586 0477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)