

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90191 049 ****61.25

0093293

DOCUMENT # 727151

1. Entity Name

POINTE OVERLOOK CONDOMINIUM ASSOCIATION, INC. ✓

Principal Place of Business

72 OAKRIDGE CIRCLE
 LANTANA FL 33462

Mailing Address

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
 59-1682649

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

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	DICHMANN, WESLEY	
STREET ADDRESS	7214 E. OAKRIDGE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33462	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TUTTLE, ADDALU	
STREET ADDRESS	7283 E OAKRIDGE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33462	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WEGHAM, THERESA	
STREET ADDRESS	7235 E. OAKRIDGE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33462	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HALONEN, MARTIN	
STREET ADDRESS	1025 N. OAKRIDGE CIR	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dickmann Wesley	
STREET ADDRESS	7214 E. Oakridge Circle	
CITY-ST-ZIP	Lake Worth, FL 33462	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Neil	
STREET ADDRESS	7202 W. Oakridge Circle	
CITY-ST-ZIP	Lake Worth, FL 33462	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tuttle, Addalu	
STREET ADDRESS	7283 E. Oakridge Circle	
CITY-ST-ZIP	Lake Worth, FL 33462	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Brien John	
STREET ADDRESS	7352 E. Oakridge Circle	
CITY-ST-ZIP	Lake Worth, FL 33462	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Erway, Charles	
STREET ADDRESS	7400 W. Oakridge Circle	
CITY-ST-ZIP	Lake Worth, 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:

Wesley Dickmann
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)