
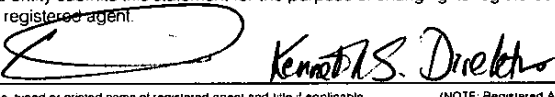
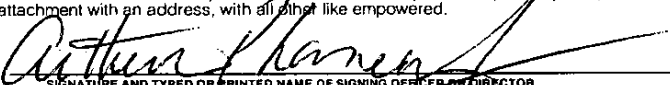


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90086 034 ****61.25

DOCUMENT # 727151 1. Entity Name POINTE OVERLOOK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2328 S. CONGRESS AVENUE SUITE 2A WEST PALM BEACH, FL 33406			Mailing Address 2328 S. CONGRESS AVENUE SUITE 2A WEST PALM BEACH, FL 33406		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1685349	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 Becker + Poliakoff P.A. Street Address (P.O. Box Number is Not Acceptable) 625 North Flagler Drive, 7 th Floor City West Palm Beach FL Zip Code 33401		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		 Kenneth S. Driehs		DATE 2/28/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARTHUR, PHANEUF		NAME	D LEFEURE, ROGER 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	
STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TUTTLE, ADDALU		NAME	D GALLI, ELIZABETH 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	
STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEGHORN, THERESA		NAME	D MITCHELL, DOROTHY 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	
STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PSLATTERY, JAMES		NAME	D MITCHELL, DOROTHY 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	
STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLIAM, MARTIN		NAME	D MITCHELL, DOROTHY 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	
STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	D MITCHELL, DOROTHY 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:		 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 2/15/05 582-1798	