


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90190 050 \*\*\*\*61.25

<b>DOCUMENT # 727151</b>	
1. Entity Name <b>POINTE OVERLOOK CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>2328 S. CONGRESS AVENUE SUITE 2A WEST PALM BEACH, FL 33406</b>	Mailing Address <b>2328 S. CONGRESS AVENUE SUITE 2A WEST PALM BEACH, FL 33406</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02062008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1682649</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6- Name and Address of Current Registered Agent**

**BECKER & POLIAKOFF**  
**625 NORTH FLAGLER DRIVE**  
**7TH FLOOR**  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TORNIKOSKI, ERKKI</b> <b>2328 S. CONGRESS AVE., SUITE 2A</b> <b>WEST PALM BEACH, FL 33406</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LEFEFURE, ROGER</b> <b>2328 S. CONGRESS AVE., SUITE 2A</b> <b>WEST PALM BEACH, FL 33406</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WEGHORN, THERESA</b> <b>2328 S. CONGRESS AVE., SUITE 2A</b> <b>WEST PALM BEACH, FL 33406</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>RANTANEN, JUNE</b> <b>2328 S. CONGRESS AVE., SUITE 2A</b> <b>WEST PALM BEACH, FL 33406</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALONEN, ANNA</b> <b>2328 S. CONGRESS AVE., SUITE 2A</b> <b>WEST PALM BEACH, FL 33406</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>KELLOKOSKI, HARRIET</b> <b>2328 S. CONGRESS AVE., SUITE 2A</b> <b>WEST PALM BEACH, FL 33406</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **2-26-08 561 586-0477**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #