## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT -



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(5)

THE POINTE ASSOCIATION, INC.					 
Principal Plac	e of Business	Mailing Addres	S		I CARELLI CADRA CLICAR INCID ACTUAL CACIO REGIL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL CACIO CACIO C
8390 MIDNIGHT PASS RD 8390 MIDNIGHT PASS RD 8ARASOTA FL 34242 SARASOTA FL 34242					3. Date Incorporated or Qualified  09/02/1975  4. FEI Number  Applied For
					<b>59-1606537</b> Not Applicable
2. Principal Place of Business 2a. Mailing Address			iress		- £0.75
21 26					5. Certificate of Status Desired Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.			, etc.		6. Election Campaign Financing \$5.00 May Be
22 27					Trust Fund Contribution Added to Fees
City & State City & State			•		7. Is this nonprofit corporation a homeowners association?
23		28			☐ Yes ☐ No
Zip	Country	Zip	<u> </u>	ountry	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Curre	29  ent Registered Agent	30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
	g, reality distances of business	III TOBIOTO NOME		81 Name	
DECAEE	DOLLANGEE DA				
BECKER, POLIAKOFF, PA 630 S. ORANGE AVE, 3RD FLOOR				B2 Street	Address (P.O. Box Number is Not Acceptable)
				83	
ON SHOOL	71A 1 L 34200				
				84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation subm					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE					
SIGNATURE.	Signature, typed or printed name of registered a		(NOTE: Register	red Agent signature	e required when reinstating) DATE
12.		ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	* DIKECTOR			TITLE DEC	LOUIS MAKELETT, Change MAddition
NAME	BAGLEY, JACK	2015		NAME	2025
STREET ADDRESS	9397 MIDNIGHT PASS RD.,	5015		STREET ADDRESS	I A TO THE DALL OUT NOTE IN
CITY-ST-ZIP	SARASOTA FL			CITY-ST-ZIP	Stransom 34242, Change KAddition
TITLE	V P	<b>.</b>		TITLE Wes	LOUISE 245h MAN AL HONIGH MAN AL
NAME	Winslow, Robert 9393 Midnight Pass Rd.,	OO AN		name Street address	4905N 9393 MIDNISH Non Re
STREET ADDRESS	SARASOTA FL	וויטט			-Se - St 2101 COV ST
CITY-ST-ZIP TITLE	PRes'			CHTY-ST-ZIP	Age // Age / Co /C De Change Addition
NAME	KELLEY, VIRGINIA			NAME	Savereto 3 9 × 92 FL  BACK BACKEY  9397 MILLINGLE Man Re  Change Addition
STREET ADDRESS	9397 MIDNIGHT PASS RD.	#RN4S		STREET ADDRESS	4397241120300
CITY-ST-ZIP	SARASOTA FL	, , , ,		CITY-ST-ZIP	Sugato Ke 39292
TITLE	1	124		TITLE 110	Winshow, Robert Schange Addition
NAME	HARSIP, SHIPLEY		4.2	NAME	Grazmilwish Non Re goya
STREET ADDRESS	9397 MIDNIGHT PASS RD.,	3065	4.3	STREET ADDRESS	Saro 1 34292
CITY-ST-ZIP	SARASOTA FL		4.4	CITY-ST-ZIP	Sarger 1- Cotter
TITLE	D			TITLE PLES	Verginia Kelley Schange Addition 9 397 MiDN: Shel pers 12 6095
NAME	HRONES, JOHN			NAME	a de midrighel por pol 6045
STREET ADDRESS	9397 MIDNIGHT PASS RD.,	3065	5.3	STREET ADDRESS	737

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6.1 TITLE

6.2 NAME

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

NAME

WAHEN JA COBIE Change
4015 93 93 41 PN She No.

**FILED** 

Feb 05 1998 8:00am

Secretary of State