2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State
03-17-2000 90049 050 ****61.25

DOCUMENT # 733698

1. Entity Name

THE POINTE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9390 MIDNIGHT PASS RD SARASOTA FL 34242-2924	9390 MIDNIGHT PASS RD SARASOTA FL 34242-2924

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1606537 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~CLARK, WILLIAM D E3G~~ ~~479 ALBEE FARM ROAD~~ ~~VENICE FL 34292~~	Name Street Address (P.O. Box Number is Not Acceptable): BECKER & POLIAKOFF, P.A. 630 S. ORANGE City: SARASOTA FL Zip Code: 34236

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 _____ 3/13/00

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	☒ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	MOFFETT, SHERI		NAME	ZALEWSKI, Joseph	
STREET ADDRESS	9393 MIDNIGHT PASS RD, PH-2-N		STREET ADDRESS	9393 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	WINSLOW, WILLIAM		NAME	HRONES, John	
STREET ADDRESS	9397 MIDNIGHT PASS RD, 607G		STREET ADDRESS	9397 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	SD	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	KELLEY, VIRGINIA		NAME	CASINELLI, Joseph	
STREET ADDRESS	9397 MIDNIGHT PASS RD. #604S		STREET ADDRESS	9897 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	SD	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	MARCHETTI, LOUIS		NAME		
STREET ADDRESS	4393 MIDNIABLE PASS RD		STREET ADDRESS	9397 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	CASHMAN, LOUISE		NAME	JACOBSON, NANCY	
STREET ADDRESS	9393 MIDNIGHT PASS RD, 701N		STREET ADDRESS	9397 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VPD	☒ Delete	TITLE	D	☐ Change ☐ Addition
NAME	SCHOENHALS, DONALD		NAME	BAGLEY, John	
STREET ADDRESS	9397 MIDNIGHT PASS RD, 506S		STREET ADDRESS	9397 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP	SARASOTA FL 34242	

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: _____ Joseph L. CASINELLI, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 2-29-00 — Daytime Phone #

CR2E037 (9/99)