

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90041 031 \*\*\*\*61.25

**DOCUMENT # 733698**

1. Entity Name

THE POINTE ASSOCIATION, INC.



Principal Place of Business

9390 MIDNIGHT PASS RD  
SARASOTA FL 34242-2924

Mailing Address

9390 MIDNIGHT PASS RD  
SARASOTA FL 34242-2924

**50016115**



1st MOORE

CR2E037 (10/04)

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

59-1606537

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

WELLS, KEVIN T ESQ  
2033 MAIN STREET, SUITE 403  
SARASOTA FL 34237

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

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**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	TD	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, WARREN	
STREET ADDRESS	9397 MIDNIGHT PASS RD #401	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CASINELLI, JOSEPH	
STREET ADDRESS	9397 MIDNIGHT PASS RD. #207	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODWIN, JORTN	
STREET ADDRESS	9397 MIDNIGHT PASS RD #806	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	REBELLO, JOHN	
STREET ADDRESS	9393 MIDNIGHT PASS RD. #202	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRANTER, THOMAS	
STREET ADDRESS	9397 MIDNIGHT PASS RD #705	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KELLEY, VIRGINIA	
STREET ADDRESS	9397 MIDNIGHT PASS RD #604	
CITY-ST-ZIP	SARASOTA FL 34242	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIELDS, GEORGE	
STREET ADDRESS	9393 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOLNAR, HELEN	
STREET ADDRESS	9397 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, JOHN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREEMAN, JOHN	
STREET ADDRESS	9393 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRANTER, THOMAS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWTON, STEVE	
STREET ADDRESS	9397 MIDNIGHT PASS RD	
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:

*John H. Freeman* Vice-President

941-349-6446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #