

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90074 020 ****61.25

DOCUMENT # 743761

1. Corporation Name

POINTE CAPRI ADULT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

184 117TH AVE 8
TREASURE ISL FL 33706

Mailing Address

% LAMONT
250 104TH AVE
TREASURE ISL FL 33706
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

07/31/1978

4. FEI Number

59-1840145

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LAMONT, SUE
250 104TH AVE
TREASURE ISL FL 33706

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KUMMER, FRED
STREET ADDRESS 184 117TH AVENUE
CITY-ST-ZIP TREASURE ISLAND FL

TITLE D
NAME TONKOVICH, PEGGY
STREET ADDRESS 184 117TH AVENUE
CITY-ST-ZIP TREASURE ISLAND FL

TITLE D
NAME O'CONNOR, DOROTHY
STREET ADDRESS 224 SUN VISTA COURT
CITY-ST-ZIP TREASURE ISLAND FL

TITLE D
NAME BADER, BARBARA
STREET ADDRESS 1225 W. SMOKEY ROW ROAD
CITY-ST-ZIP GREENWOOD IN 46143

TITLE D
NAME BURACHYNSKYT, ERAST D
STREET ADDRESS 1319 WESTCHESTER BLVD
CITY-ST-ZIP WESTCHESTER IL 60154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE: BARBARA J BADER

3-22-99 727-360-0791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0052703

CR25037 (11/98)