

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743761

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** POINTE CAPRI ADULT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

184 117TH AVE 8  
TREASURE ISL, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

% LAMONT  
250 104TH AVE  
TREASURE ISLD, FL 33706 US

**New Mailing Address:**

**FEI Number:** 59-1840145      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAMONT, SUE  
250 104TH AVE  
TREASURE ISLAND, FL 33706 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: KUMMER, FRED  
Address: 184 117TH AVENUE  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VP  
Name: GILLEN, MARK  
Address: 10511 LONGWOOD DRIVE  
City-St-Zip: CHICAGO, IL 60643

Title: P  
Name: PRICE, MARK  
Address: 31121 WINDSOR  
City-St-Zip: WESTLAND, MI 48185

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRED KUMMER

ST

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date