FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 21 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **748841** **(4)**

1. Corporation Name

THE POINTE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O RESOURCE PROPERTY MANAGEMENT 1601 E BAY DR. S4 LARGO FL 34641	C/O RESOURCE PROPERTY MANAGEMENT 1601 E BAY DR. S4 LARGO FL 34641

3. Date Incorporated or Qualified: 09/10/1979
3a. Date of Last Report: 06/02/1994
4. FEI Number: 59-2201298 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 19236 Gulf Boulevard	26 103 Cleveland Ave SW
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Indian Shores, FL	28 Largo, FL
24 Zip 34635	29 Zip 34640
25 Country Pinellas	30 Country Pinellas

9. Name and Address of Current Registered Agent

~~RESOURCE PROPERTY MANAGEMENT~~
~~C/O VERONICA R. POSTON~~
~~1601 EAST BAY DR S4~~
~~LARGO FL 34641~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 103 Cleveland Avenue SW
83
84 City: Largo **FL** 85 Zip Code: 34640

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	STEELE, DIANNE	1.2 NAME	Swanby, Mel	
STREET ADDRESS	13470 COACHLIGHT CIRCLE	1.3 STREET ADDRESS	19236 Gulf Blvd # 302	
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	Indian Shores, FL 34635	
TITLE	PD	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	LISTA, DEBBIE	2.2 NAME	Davis, Mary	
STREET ADDRESS	3031 32 AVE N	2.3 STREET ADDRESS	19236 Gulf Blvd # 303	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	Indian Shores, FL 34635	
TITLE	SD	3.1 TITLE	STD	☑ Change ☐ Addition
NAME	POETER, JOAN	3.2 NAME	Woods, Hank	
STREET ADDRESS	19236 GULF BLVD #102	3.3 STREET ADDRESS	19236 Gulf Blvd # 301	
CITY-ST-ZIP	INDIAN SHORES FL	3.4 CITY-ST-ZIP	Indian Shores, FL 34635	
TITLE	TD	4.1 TITLE	D	☑ Change ☐ Addition
NAME	PIMENTEL, JOE	4.2 NAME	Pimentel, Joe	
STREET ADDRESS	870 DUNDAS STREET WEST	4.3 STREET ADDRESS	870 Dundas St. W.	
CITY-ST-ZIP	TORONTO ONTARIO CA	4.4 CITY-ST-ZIP	Toronto, Ontario, CANADA M6J 1V7	
TITLE	D	5.1 TITLE	D	☐ Change ☐ Addition
NAME	GARAW, AL	5.2 NAME	Schwager, Donald	
STREET ADDRESS	20 TREASURE DR	5.3 STREET ADDRESS	19236 Gulf Blvd # 302	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Indian Shores, FL 34635	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] April 14/1995 (813) 828-5814
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #