

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 748841 (4)

1. Corporation Name
THE POINTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 19236 GULF BOULEVARD, 1601 E BAY DR. S4, INDIAN SHORES, FL 34635 US
Mailing Address: 103 CLEVELAND AVE. SW, 1601 E BAY DR. S4, LARGO FL 34640 US

3. Date Incorporated or Qualified: 09/10/1979
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business: 21 19236 Gulf Blvd., 22 Suite, Apt. #, etc.
2a. Mailing Address: 26 147 Belcher Rd, 27 Suite 2
23 City & State: Indian Shores, FL
28 City & State: Largo FL
24 Zip: 34635, 25 Country: USA
29 Zip: 34641, 30 Country: USA

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
RESOURCE PROPERTY MANAGEMENT
103 CLEVELAND AVENUE SW
1601 EAST BAY DR S4
LARGO FL 34640

10. Name and Address of New Registered Agent
81 Name: Buxton Properties Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 147 Belcher Rd. - Ste. 2
83
84 City: Largo FL 85 Zip Code: 34641

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: G. Wayne Ragan Ex. V.P. L. Wayne Ragan 2/13/96
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SWAMBY, MEL	
STREET ADDRESS	19236 GULF BLVD #302	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DAVIS, MARY	
STREET ADDRESS	19236 GULF BLVD. #303	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WOODS, HANK	
STREET ADDRESS	19236 GULF BLVD #301	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PINENTEN, JOE	
STREET ADDRESS	870 DUNDAS ST. W.	
CITY-ST-ZIP	TORONTO ON	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHWAGER, DONALD	
STREET ADDRESS	19236 GULF BLVD #202	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Addition
5.2 NAME	000001740980
5.3 STREET ADDRESS	-03/13/96--01027--005
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, changed, or on an attachment with an address.

SIGNATURE: [Signature] 3-7-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)