

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  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90143 014 \*\*\*\*61.25

DOCUMENT # 748841<sup>01</sup>

1. Corporation Name

THE POINTE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

% Caliber Condo Mgt, Inc. Caliber Condo Mgt, Inc  
1801 Peppertree Drive 1801 Peppertree Drive  
Oldsmar, FL 34677 Oldsmar, FL 34677

416083 - 90143 - 14

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		9/10/79	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2201298	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Brian P. Buxton 147 Belcher Rd., Ste. 2 Largo, FL 34641				81 Name Joseph R. Cianfrone, P.A.			
				82 Street Address (P.O. Box Number is Not Acceptable) 1968 Bayshore Drive			
				83			
				84 City Dunedin, FL			
				85 Zip Code 34698			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Swanby	1.2 NAME	
STREET ADDRESS	19236 Gulf Blvd, #302	1.3 STREET ADDRESS	
CITY-ST-ZIP	Indian Shores, FL 33785	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Davis	2.2 NAME	
STREET ADDRESS	19236 Gulf Blvd, #303	2.3 STREET ADDRESS	
CITY-ST-ZIP	Indian Shores, FL 33785	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joan A. Porter	3.2 NAME	
STREET ADDRESS	14433 Mooring Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Seminole, FL 34646	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Domenic Prosperi	4.2 NAME	
STREET ADDRESS	3919 Doral Drive	4.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33634	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melanie Palmeri	5.2 NAME	
STREET ADDRESS	19236 Gulf Blvd, #403	5.3 STREET ADDRESS	
CITY-ST-ZIP	Indian Shores, FL 33785	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Susan Swanby

Date

Daytime Phone #

CR2E037 (11/98)