

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 748841**

1. Entity Name

**THE POINTE CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90088 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**CALIBER CONDO MGT. INC.**  
**1801 PEPPERTREE DR.**  
**OLDMAR FL 34635**  
**US**

**CALIBER CONDO MGT. INC.**  
**1801 PEPPERTREE DR.**  
**OLDMAR FL 34635**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2201298**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CIANFRONE, JOSEPH R**  
**1968 BAYSHORE DR.**  
**DUNEDIN FL 34641**

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD** ☐ Delete  
**SUSAN SWANBY**  
**19236 GULF BLVD #302**  
**INDIAN SHORES FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD** ☐ Delete  
**DAVIS, MARY**  
**19236 GULF BLVD. #303**  
**INDIAN SHORES FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD** ☐ Delete  
**PORTER, JOAN A**  
**14433 MOORING DR.**  
**SEMINOLE FL 34646**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD** ☐ Delete  
**PROSPERI, DOMENIC**  
**3919 DORAL DR.**  
**TAMPA FL 33634**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☒ Change ☐ Addition  
**14501 VISTA LAURE D-5**  
**INDIAN SHORES, FL 33785**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☒ Delete  
**PALMERI, MELANIE**  
**19236 GULF BLVD, #403**  
**INDIAN SHORES FL 33785**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD** ☐ Change ☒ Addition  
**CROWIN, CHRISTOPHER**  
**9641 FOX HEARST RD**  
**TAMPA, FL 33647**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00