

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90129 039 ****61.25

AGENT # 752077

POINTE SOUTH HOMEOWNERS ASSOCIATION,



40053862



Principal Place of Business
8191 COLLEGE PARKWAY
SUITE 302
FT MYERS, FL 33919 US

Mailing Address
8191 COLLEGE PARKWAY
SUITE 302
FT MYERS, FL 33919 US

2. Principal Place of Business
8270 College Parkway
Suite, Apt. #, etc.
SUITE #103
City & State
Ft. Myers, FL.
Zip
33919
Country
USA

3. Mailing Address
Professionally Yours, Inc.
Suite, Apt. #, etc.
P.O. Box 100831
City & State
Cape Coral, FL
Zip
33910
Country
USA

01282005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2072279
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CAMPBELL, PHILIP
PROFESSIONALLY YOURS, INC
1342 SE 46TH LANE #3
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent
Name
George Teague
Street Address (P.O. Box Number is Not Acceptable)
Professionally Yours, Inc.
8270 College Pkwy. #103
City
Ft. Myers, FL 33919
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATTERSON, JOHN			NAME	DAVID TRENTMAN		
STREET ADDRESS	9946 VANILLEAF DRIVE			STREET ADDRESS	9953 VANILLA LEAF STREET		
CITY-ST-ZIP	FORT MYERS, FL 33919			CITY-ST-ZIP	FT. MYERS, FL. 33919		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HULL, BILL			NAME	MICHAEL HICKS		
STREET ADDRESS	9846 WILDINGER DR.			STREET ADDRESS	9782 OWLCLOVER STREET		
CITY-ST-ZIP	FORT MYERS, FL 33919			CITY-ST-ZIP	FT. MYERS, FL. 33919		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUSEN, MILLE			NAME	RALPH HEFFNER		
STREET ADDRESS	9839 OWLCLOVER DRIVE			STREET ADDRESS	9701 FOXGLOVE CIRCLE		
CITY-ST-ZIP	FT MYERS, FL 33919			CITY-ST-ZIP	FT. MYERS, FL. 33919		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRENTMAN, DENISE			NAME	SALLY STIGLER		
STREET ADDRESS	9953 VANILLEAF DRIVE			STREET ADDRESS	9868 OWLCLOVER STREET		
CITY-ST-ZIP	FORT MYERS, FL 33919			CITY-ST-ZIP	FT. MYERS, FL. 33919		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAMER, DAVE			NAME	DAVID DUFFY		
STREET ADDRESS	13390 SYLVAN AVE			STREET ADDRESS	9803 WILDINGER DRIVE		
CITY-ST-ZIP	FORT MYERS, FL 33919			CITY-ST-ZIP	FT. MYERS, FL. 33919		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:

Ralph A. Heffner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #