

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90072 019 ****61.25

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1. Entity Name
PALM POINTE MASTER ASSOCIATION, INC.



Principal Place of Business
2275 E. HIGHWAY 100
BUNNELL, FL 32110

Mailing Address
P.O. BOX 350988
PALM COAST, FL 32135

50001258



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-2702791

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

ANNON, FRED JR
PALM COAST PROPERTY MANAGEMENT
7 FLORIDA PARK DR N STE C
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

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. 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, 2008**

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

TITLE DP ☒ Delete
NAME ZBOROWSKI, MARK A.
STREET ADDRESS 271 MADISON AVE STE 1400
CITY-ST-ZIP NEW YORK, NY 10016

TITLE DVP ☒ Delete
NAME CONNOR, MARGARET
STREET ADDRESS 217 WESTMONT DR #1007
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE DTS ☒ Delete
NAME STENSTROM, LAURA
STREET ADDRESS 217 N. WESTMONTE DR., 1007
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Change ☒ Addition
NAME Esposito, Dennis
STREET ADDRESS 107 Percy Williams Drive
CITY-ST-ZIP E. Islip, NY 11790

TITLE DVP ☐ Change ☒ Addition
NAME Esposito, Laurie
STREET ADDRESS 3782 NE 209 Terrace
CITY-ST-ZIP Aventura, FL 33182

TITLE D ☐ Change ☒ Addition
NAME Cribb, Bernadette
STREET ADDRESS 2275 E. Highway 100 #1C
CITY-ST-ZIP Bunnell, FL 32110

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/7/08

Date

386-446-6333

Daytime Phone #