

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 # N25174 (6)

1. Corporation Name

POINTE ANNE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

12959 STATE RD #54
ODESSA FL 33556

Mailing Address

12959 STATE RD #54
ODESSA FL 33556

3. Date Incorporated or Qualified
03/03/1988

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

STARKEY, JAY B., JR.
12959 STATE ROAD 54
ODESSA FL 33556

81 Name

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

83

84 City

FL

85 Zip Code

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 re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STARKEY, J. B. JR.
STREET ADDRESS 12959 SR 54
CITY-ST-ZIP ODESSA FL

☒ DELETE

TITLE VD
NAME STARKEY, J.B., III
STREET ADDRESS 12959 SR 54
CITY-ST-ZIP ODESSA FL

☒ DELETE

TITLE SD
NAME STARKEY, MARSHA
STREET ADDRESS 12959 STATE RD. 54
CITY-ST-ZIP ODESSA FL

☒ DELETE

TITLE TD
NAME STARKEY, SARAH
STREET ADDRESS 12959 SR 54
CITY-ST-ZIP ODESSA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

11 TITLE President/President + Director
12 NAME Sherri Weinst
13 STREET ADDRESS 14039 Pointe Anne Drive
14 CITY-ST-ZIP Odessa, FL 33556

21 TITLE V. President + Director
22 NAME Nicholas Albelgo
23 STREET ADDRESS 14103 Pointe Anne Drive
24 CITY-ST-ZIP Odessa, FL 33556

31 TITLE Secretary / Director
32 NAME Nicholas Albelgo
33 STREET ADDRESS 14103 Pointe Anne Drive
34 CITY-ST-ZIP Odessa, FL 33556

41 TITLE Treasurer + Director
42 NAME JAY B. STARKEY JR.
43 STREET ADDRESS 12959 SR 54
44 CITY-ST-ZIP ODESSA, FL 33556

51 TITLE
52 NAME
53 STREET ADDRESS 300001730303
54 CITY-ST-ZIP -03/04/96--01031--005
***61.25

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY B. STARKEY JR.

1/17/96

Date

813-920-5288

Daytime Phone #

CR2E037 (12/95)