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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25174

1. Corporation Name

POINTE ANNE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12959 STATE RD #54
ODESSA FL 33556

12959 STATE RD #54
ODESSA FL 33556



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/03/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0093521
City & State	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution
24	25	29
30		

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WENDT, SHERRI	1.2 NAME	
STREET ADDRESS	14039 POINTE ANNE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	1.4 CITY-ST-ZIP	
TITLE	VPDS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ALBERGO, NICHOLAS	2.2 NAME	
STREET ADDRESS	14103 POINTE ANNE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STARKEY, JAY B JR	3.2 NAME	
STREET ADDRESS	12959 SR 54	3.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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:

[Signature]
/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

for 2/19/99 813-920-5288

0085853

CR2E037 (1/98)