


FILE NOW: FILING FEE IS \$61.25

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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90116 046 ****61.25

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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 # N25602

1. Corporation Name
PRIVATEER POINTE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business 110 PRIVATEER CT JUPITER FL 33458	Mailing Address 110 PRIVATEER CT JUPITER FL 33458
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2. Principal Place of Business 21 116 PRIVATEER CT	2a. Mailing Address 26 116 PRIVATEER CT	3. Date incorporated or Qualified 03/25/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0130687
City & State 23 JUPITER FL	City & State 28 JUPITER FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33458	Country 25 V.S.A	29 33458
	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent DIPERSICO, DANIEL 110 PRIVATEER CT JUPITER FL 33458	10. Name and Address of New Registered Agent 81 Name PETER WILSON 82 Street Address (P.O. Box Number is Not Acceptable) 116 PRIVATEER CT 83 84 City JUPITER FL 85 Zip Code 33458
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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 *Peter Wilson* **PETER WILSON** DATE **2/19/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TELLER, JOE		1.2 NAME PATRICIA GIULIANO	
STREET ADDRESS 106 PRIVATEER COURT		1.3 STREET ADDRESS 104 PRIVATEER CT	
CITY-ST-ZIP JUPITER FL 33458		1.4 CITY-ST-ZIP JUPITER, FL. 33458	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILSON, PETER		2.2 NAME PETER WILSON	
STREET ADDRESS 114 PRIVATEER COURT		2.3 STREET ADDRESS 116 PRIVATEER CT	
CITY-ST-ZIP JUPITER FL 33458		2.4 CITY-ST-ZIP JUPITER, FL. 33458	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIPERSICO, DANIEL		3.2 NAME	
STREET ADDRESS 110 PRIVATEER CT		3.3 STREET ADDRESS	
CITY-ST-ZIP JUPITER FL 33458		3.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLLARD, CYNTHIA		4.2 NAME	
STREET ADDRESS 100 PRIVATEER COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP JUPITER FL 33458		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE RONALD GRATZ SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME 118 PRIVATEER CT	
STREET ADDRESS		5.3 STREET ADDRESS JUPITER, FL. 33458	
CITY-ST-ZIP		5.4 CITY-ST-ZIP JUPITER, FL. 33458	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME BRUCE TAYLOR	
STREET ADDRESS		6.3 STREET ADDRESS 102 PRIVATEER CT	
CITY-ST-ZIP		6.4 CITY-ST-ZIP JUPITER, FL. 33458	

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: *Peter Wilson* **PETER WILSON** DATE **2/19/99** DAYTIME PHONE # **561.575.1456**

Signature and typed or printed name of signing officer or director

CR2E037 (1/1/98)