


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90258 029 ***150.00

DOCUMENT # P99000059381
 1. Entity Name
PARK POINTE PROPERTIES, INC.



Principal Place of Business: **4600 WEST KENNEDY BLVD. TAMPA, FL 33609**
 Mailing Address: **PO BOX 18593 TAMPA, FL 33679**

24053072



04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3590987** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent
ALBERT SALEM & ASSOCIATES
4600 WEST KENNEDY BLVD.
TAMPA, FL 33609

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SALEM, ALBERT M III
STREET ADDRESS	4600 WEST KENNEDY BLVD.
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	DVST
NAME	STEWART, RANALD III
STREET ADDRESS	4600 W. KENNEDY BLVD
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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: Albert M. Salem **4/15/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #