

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32333

FILED
Jun 24, 2009
Secretary of State

Entity Name: PIERPOINTE FIVE, CONDOMINIUM III ASSOCIATION, INC.

Current Principal Place of Business:

11900-C NW 11TH STREET
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

11900-C NW 11TH STREET
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 65-0199544 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RUBINSTEIN, ROBERT ESQ
3111 STIRLING ROAD
FT LAUD, FL 33312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BROOKINS, DAWN
Address: 11870 NW 11 ST
City-St-Zip: PEMBROKE PINES, FL 33026

Title: P () Delete
Name: HEYWOOD, CATHERINE
Address: 11884 NW 11 STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: S () Delete
Name: BARNES, KATRINA
Address: 11874 N.W. 11 STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP () Delete
Name: ORIAS, NATALIA S
Address: 11852 NW 11ST
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN BROOKINS

T

06/24/2009

Electronic Signature of Signing Officer or Director

Date