

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 727151

**Entity Name:** POINTE OVERLOOK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ALLIED PROPERTY MANAGEMENT GRP, INC  
1711 WORTHINGTON RD SUITE 103  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

C/O ALLIED PROPERTY MANAGEMENT GRP, INC  
1711 WORTHINGTON RD SUITE 103  
WEST PALM BEACH, FL 33409 US

**FEI Number: 59-1682649**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KRAVIT LAW  
1801 N MILITARY TRAIL  
SUITE 120  
BOCA RATON, FL 33431 US

*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: CORY KRAVIT**

**04/29/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PATZ, HENRY  
Address        C/O ALLIED PROPERTY  
                  MANAGEMENT GRP, INC  
                  1711 WORTHINGTON RD SUITE 103  
City-State-Zip: WEST PALM BEACH FL 33409

Title            SECRETARY  
Name            JACKSON, RITA C  
Address        C/O ALLIED PROPERTY  
                  MANAGEMENT GRP, INC  
                  1711 WORTHINGTON RD SUITE 103  
City-State-Zip: WEST PALM BEACH FL 33409

Title            TREASURER  
Name            SEPPALA, JOEL  
Address        C/O ALLIED PROPERTY  
                  MANAGEMENT GRP  
                  1711 WORTHINGTON RD 103  
City-State-Zip: WEST PALM BEACH FL 33409

Title            DIRECTOR  
Name            PERKIO, MATT  
Address        C/O ALLIED PROPERTY  
                  MANAGEMENT GRP, INC  
                  1711 WORTHINGTON RD SUITE 103  
City-State-Zip: WEST PALM BEACH FL 33409

Title            VP  
Name            WALKER, PAULA  
Address        C/O ALLIED PROPERTY  
                  MANAGEMENT GRP, INC  
                  1711 WORTHINGTON RD SUITE 103  
City-State-Zip: WEST PALM BEACH FL 33409

*I hereby 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 all other like empowered.*

**SIGNATURE: HENRY PATZ**

**PRESIDENT**

**04/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date