

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727151

Entity Name: POINTE OVERLOOK CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 07, 2021
Secretary of State
4008484981CC

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

04/07/2021

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

Title DIRECTOR
Name TRAVERS, STEPHEN
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

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date