

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727151

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

**FILED**  
**Apr 22, 2022**  
**Secretary of State**  
**8462390231CC**

**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, P.A  
2101 NW CORPORATE BLVD  
SUITE 410  
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, ESQ.**

**04/22/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title TREASURER  
Name SALMELA, VEIKKO  
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: MARK QUESTAD**

**PRESIDENT**

**04/22/2022**

Electronic Signature of Signing Officer/Director Detail

Date