Entity Name: POINTE CAPRI ADULT CONDOMINIUM ASSOCIATION, INC.				Secretary of State CC4580425760
Current Prin	cipal Place of Business:			664300423700
184 117TH AVE				
TREASURE ISL	AND, FL 33706			
Current Mai	ling Address:			
C/O LAMON 250 104TH A	T MANAGEMENT, INC. AVE			
	ISLAND, FL 33706 US			
FEI Number: 59-1840145 Certificate of St			Status Desired: No	
Name and A	ddress of Current Registered Agent:			
LAMONT MANA				
250 104TH AVE TREASURE ISL	: AND, FL 33706 US			
	l entity submits this statement for the purpose of changing its reg	gistered office or regist	tered agent, or both, in	the State of Florida.
	I entity submits this statement for the purpose of changing its reg	gistered office or regisi	tered agent, or both, in	01/29/2016
		gistered office or regist	tered agent, or both, in	
	E: STEPHANIE HENDRIX Electronic Signature of Registered Agent	gistered office or regisi	tered agent, or both, in	01/29/2016
SIGNATURE	E: STEPHANIE HENDRIX Electronic Signature of Registered Agent	gistered office or regist	P	01/29/2016
SIGNATURE	E: STEPHANIE HENDRIX Electronic Signature of Registered Agent			01/29/2016
SIGNATURE Officer/Direc Title	E: STEPHANIE HENDRIX Electronic Signature of Registered Agent Ctor Detail : S/T	Title	Ρ	01/29/2016 Date
SIGNATURE Officer/Direc Title Name Address	E: STEPHANIE HENDRIX Electronic Signature of Registered Agent Ctor Detail : S/T ASHLEY, ANDY C/O LAMONT MANAGEMENT, INC.	Title Name	P PRICE, MARK C/O LAMONT MA 250 104TH AVE	01/29/2016 Date
SIGNATURE Officer/Direc Title Name Address	E: STEPHANIE HENDRIX Electronic Signature of Registered Agent Ctor Detail : S/T ASHLEY, ANDY C/O LAMONT MANAGEMENT, INC. 250 104TH AVE	Title Name Address	P PRICE, MARK C/O LAMONT MA 250 104TH AVE	01/29/2016 Date
SIGNATURE Officer/Direc Title Name Address City-State-Zip:	E: STEPHANIE HENDRIX Electronic Signature of Registered Agent Ctor Detail : S/T ASHLEY, ANDY C/O LAMONT MANAGEMENT, INC. 250 104TH AVE TREASURE ISLAND FL 33706	Title Name Address	P PRICE, MARK C/O LAMONT MA 250 104TH AVE	01/29/2016 Date
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title	E STEPHANIE HENDRIX Electronic Signature of Registered Agent Ctor Detail : S/T ASHLEY, ANDY C/O LAMONT MANAGEMENT, INC. 250 104TH AVE TREASURE ISLAND FL 33706 VP	Title Name Address	P PRICE, MARK C/O LAMONT MA 250 104TH AVE	01/29/2016 Date
SIGNATURE Officer/Direct Title Name Address City-State-Zip: Title Name	E: STEPHANIE HENDRIX Electronic Signature of Registered Agent Ctor Detail : S/T ASHLEY, ANDY C/O LAMONT MANAGEMENT, INC. 250 104TH AVE TREASURE ISLAND FL 33706 VP JONES, TOM C/O LAMONT MANAGEMENT, INC. 250 104TH AVE	Title Name Address	P PRICE, MARK C/O LAMONT MA 250 104TH AVE	01/29/2016 Date
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name Address	E: STEPHANIE HENDRIX Electronic Signature of Registered Agent Ctor Detail : S/T ASHLEY, ANDY C/O LAMONT MANAGEMENT, INC. 250 104TH AVE TREASURE ISLAND FL 33706 VP JONES, TOM C/O LAMONT MANAGEMENT, INC. 250 104TH AVE	Title Name Address	P PRICE, MARK C/O LAMONT MA 250 104TH AVE	01/29/2016 Date

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743761

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 PRICE

PRESIDENT

01/29/2016

FILED Jan 29, 2016

Electronic Signature of Signing Officer/Director Detail

Date