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: WILLIAM HSU WU

City-State-Zip: MADEIRA BEACH FL 33785

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

CONDO MANAGEMENT PLUS CONDO MANAGEMENT PLUS PO BOX 86507 MADEIRA BEACH, FL 33785 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.

The above named	a entity submits this statement for the purpose of changing it	s registered office or regis	tered agent, or both, in the State of Fid	rida.
SIGNATURE	E: PHILLIP DVORAK			04/06/2018
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	SECRETARY	
Name	HSU WU, WILLIAM	Name	SCAGLIONE, BELINDA	
Address	CONDO MANAGEMENT PLUS PO BOX 86507	Address	CONDO MANAGEMENT PLUS PO BOX 86507	
City-State-Zip:	MADEIRA BEACH FL 33785	City-State-Zip:	MADEIRA BEACH FL 33785	
Title	TREASURER			
Name	LYN, CHRISTI			
Address	CONDO MANAGEMENT PLUS PO BOX 86507			

Current Mailing Address:

MADEIRA BEACH, FL 33785 US

Name and Address of Current Registered Agent:

CONDO MANAGEMENT PLUS PO BOX 86507

FEI Number: 59-2201298

DOCUMENT# 748841

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE POINTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5666 SEMINOLE BLVD 103 SEMINOLE, FL 33772

Apr 06, 2018 Secretary of State CC8442201966

Certificate of Status Desired: No

FILED

04/06/2018