

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767808

Entity Name: PARK POINTE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**3200 JOG PARK DRIVE
GREENACRES, FL 33467**Current Mailing Address:**3200 JOG PARK DRIVE
GREENACRES, FL 33467 US**FEI Number:** 59-2554905**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KONYK & LEMME PLLC
777 SOUTH FLAGLER DRIVE
SUITE 800 WEST TOWER
WEST PALM BEACH, FL 33401 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:** CHELLE KONYK

02/15/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	ROBINSON, RALPH
Address	3200 JOG PARK DRIVE
City-State-Zip:	GREENACRES FL 33467

Title	VP
Name	SYLVESTER, JULIE
Address	3200 JOG PARK DRIVE
City-State-Zip:	GREENACRES FL 33467

Title	S
Name	GODDARD, SUSAN
Address	3200 JOG PARK DRIVE
City-State-Zip:	GREENACRES FL 33467

Title	TREASURER
Name	GUTTMAN, BRENDA
Address	3200 JOG PARK DRIVE
City-State-Zip:	GREENACRES FL 33467

Title	DIRECTOR
Name	VETRENO, TOM
Address	3200 JOG PARK DRIVE
City-State-Zip:	GREENACRES FL 33467

Title	DIRECTOR
Name	TRONCO, LARRY
Address	3200 JOG PARK DRIVE
City-State-Zip:	GREENACRES FL 33467

Title	DIRECTOR
Name	MCCARTHY, TOM
Address	3200 JOG PARK DRIVE
City-State-Zip:	GREENACRES FL 33467

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: RALPH ROBINSON**PRESIDENT**

02/15/2017

Electronic Signature of Signing Officer/Director Detail

Date