

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769761

Entity Name: POINTE WEST RECREATION FACILITY, INC.**Current Principal Place of Business:**7916 EVOLUTIONS WAY
TRINITY, FL 34655**Current Mailing Address:**P.O. BOX 1469
PORT RICHEY, FL 34673 US**FEI Number:** 59-2885840**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MICK, JAMIE K
7916 EVOLUTIONS WAY
TRINITY, FL 34655 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name CRISTIANO, JERRY
Address P.O. BOX 1469
City-State-Zip: PORT RICHEY FL 34673

Title SECRETARY
Name YOUNGS, ED
Address P.O. BOX 1469
City-State-Zip: PORT RICHEY FL 34673

Title DIRECTOR
Name RYAN, ANNE MARIE
Address P.O. BOX 1469
City-State-Zip: PORT RICHEY FL 34673

Title DIRECTOR
Name LONGONE, THOMAS
Address P.O. BOX 1469
City-State-Zip: PORT RICHEY FL 34673

Title VP
Name THOMAS, JERRY
Address P.O. BOX 1469
City-State-Zip: PORT RICHEY FL 34673

Title DIRECTOR
Name POPPELREITER, CHERYL
Address P.O. BOX 1469
City-State-Zip: PORT RICHEY FL 34673

Title DIRECTOR
Name MACK, LORRAINE
Address P.O. BOX 1469
City-State-Zip: PORT RICHEY FL 34673

Title DIRECTOR
Name LUCATUORTO, PETER
Address P.O. BOX 1469
City-State-Zip: PORT RICHEY FL 34673

Continues on page 2

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: ED YOUNGS**SECRETARY****04/21/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HARRIS, JUDY
Address 7916 EVOLUTIONS WAY
City-State-Zip: TRINITY FL 34655

Title TREASURER
Name BENTIVEGNA, JOSEPH
Address P.O. BOX 1469
City-State-Zip: PORT RICHEY FL 34673

Title PRESIDENT
Name COPENHAFFER, TERRY
Address 7916 EVOLUTIONS WAY
City-State-Zip: TRINITY FL 34655