

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724243

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: POINT EAST ASSOCIATION, INC.

**Current Principal Place of Business:**

3801 S ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

3801 S ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

FEI Number: 59-1465022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ISON, MICHAEL  
3010 HOLIDAY AVE  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ISON, MICHAEL  
Address: 3010 HOLIDAY AVE  
City-St-Zip: APOPKA, FL 327036632

Title: S ( ) Delete  
Name: SHEEHAN, JOHN  
Address: 185 BIRCHWOOD DR  
City-St-Zip: MAITLAND, FL 32751

Title: T ( ) Delete  
Name: HOLLINGSWORTH, BRAD  
Address: 185 DOUGLAS AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP ( ) Delete  
Name: ABBATICCHIO, TAFFY  
Address: 31 ANDREA DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: HEVNER, DAVID  
Address: 1726 WYCLIFF DR  
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete  
Name: DE FILIPPO, MICHAEL  
Address: 1068 LOTUS PARKWAY, UNIT 841  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SCOTT, CINDY  
Address: P O BOX 392  
City-St-Zip: TAVARES, FL 32778 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL ISON

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date