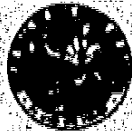


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 10:00

DOCUMENT # 726371 (8)

1. Corporation Name

POINTE WEST CONDOMINIUM ASSOCIATION, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**11945 PARADISE POINTE WAY
NEW PORT RICHEY FL 34654**

Mailing Address

**11945 PARADISE POINTE WAY
NEW PORT RICHEY FL 34654**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1973

3a. Date of Last Report

03/24/1994

4. FEI Number

59-1709341

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAYBURN, LAURA J.
1968 BAYSHORE BLVD.
DUNEDIN FL 34698**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SUSCA, PETER
STREET ADDRESS 11945 PARADISE POINTE WY
CITY-ST-ZIP NEW PORT RICHEY, FL00000

TITLE VP
NAME WILKINS, PAT
STREET ADDRESS 11945 PARADISE POINTE WY
CITY-ST-ZIP NEW PORT RICHEY, FL00000

TITLE SD
NAME FRANK SCARABINO
STREET ADDRESS 11945 PARADISE POINTE WY
CITY-ST-ZIP NEW PORT RICHEY, FL00000

TITLE T
NAME HERRICK, JOYCE
STREET ADDRESS 11945 PARADISE POINTE WY
CITY-ST-ZIP NEW PORT RICHEY, FL00000

TITLE VPD
NAME KASPARIAN, ANDREW
STREET ADDRESS 11945 PARADISE POINTE WY
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joyce Herrick

Joyce Herrick, President

4/18/95

(813) 856-3034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #