

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 726371 (8)

1. Corporation Name

POINTE WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

11945 PARADISE POINTE WAY  
NEW PORT RICHEY FL 34654

11945 PARADISE POINTE WAY  
NEW PORT RICHEY FL 34654

3. Date Incorporated or Qualified  
05/09/1973

3a. Date of Last Report  
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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

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

Yes No

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE Secretary - D  
1.2 NAME Susca, Peter  
1.3 STREET ADDRESS 11945 Paradise Pointe Way  
1.4 CITY-ST-ZIP New Port Richey, FL 34654

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

2.1 TITLE Treasurer - D  
2.2 NAME Wilkins, Pat  
2.3 STREET ADDRESS 11945 Paradise Pointe Way  
2.4 CITY-ST-ZIP New Port Richey, FL 34654

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

3.1 TITLE Vice President - D  
3.2 NAME Scarabino, Frank  
3.3 STREET ADDRESS 11945 Paradise Pointe Way  
3.4 CITY-ST-ZIP New Port Richey, FL 34654

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

4.1 TITLE President - D  
4.2 NAME Herrick, Joyce  
4.3 STREET ADDRESS 11945 Paradise Pointe Way  
4.4 CITY-ST-ZIP New Port Richey, FL 34654

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

5.1 TITLE Director  
5.2 NAME Kilcoin, Gerry  
5.3 STREET ADDRESS 11945 Paradise Pointe Way  
5.4 CITY-ST-ZIP New Port Richey, FL

TITLE  
NAME  
STREET ADDRESS  
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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce Herrick

3/7/96

813-856-3034

President

Date

Daytime Phone #

CR2E037 (12/95)