

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 3465411945 PARADISE POINTE WAY
NEW PORT RICHEY FL 34654-16283. Date Incorporated or Qualified
05/09/19733a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-1709341

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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 3460881 Name Debra Reinhardt
82 Street Address (P.O. Box Number is Not Acceptable)
90 Resource Management, Inc.
83 103 Cleveland Ave. S.W.
84 City Largo
85 Zip Code FL 33770

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

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SUSCA, PETER	
STREET ADDRESS	11945 PARADISE POINTE WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WILKINS, PAT	
STREET ADDRESS	11945 PARADISE POINTE WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FRANK SCARABINO	
STREET ADDRESS	11945 PARADISE POINTE WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HERRICK, JOYCE	
STREET ADDRESS	11945 PARADISE POINTE WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KILCOIN, GERRY	
STREET ADDRESS	11945 PARADISE POINTE WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KILCOIN, GERRY	
1.3 STREET ADDRESS	11945 Paradise Pointe Way	
1.4 CITY-ST-ZIP	New Port Richey, FL 34654	
2.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARTEL, EDWARD	
2.3 STREET ADDRESS	11945 Paradise Pointe Way	
2.4 CITY-ST-ZIP	New Port Richey FL 34654	
3.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SCARABINO, FRANK	
3.3 STREET ADDRESS	11945 Paradise Pointe Way	
3.4 CITY-ST-ZIP	New Port Richey FL 34654	
4.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CANALIN, JACK	
4.3 STREET ADDRESS	11945 Paradise Pointe Way	
4.4 CITY-ST-ZIP	New Port Richey, FL 34654	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HARRIGAN, ANNE	
5.3 STREET ADDRESS	11945 Paradise Pointe Way	
5.4 CITY-ST-ZIP	New Port Richey FL 34654	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

EDWARD F. MARTEL
EDWARD F. MARTEL

858-3034

CR2E037 (9/96)