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Mar 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

11945 PARADISE POINTE WAY
NEW PORT RICHEY FL 34654

Mailing Address

11945 PARADISE POINTE WAY
NEW PORT RICHEY FL 34654

3. Date Incorporated or Qualified

05/09/1973

4. FEI Number

59-1709341

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REINHART, DEBRA
C/O RESOURCE MANAGEMENT, INC.
103 CLEVELAND AVE. SW
LARGO FL 33770

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 ☐ DELETE
NAME SD
STREET ADDRESS KILCOIN, GERRY
CITY-ST-ZIP 11945 PARADISE POINT WAY
NEW PORT RICHEY FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME TD
STREET ADDRESS MARTEL, EDWARD
CITY-ST-ZIP 11945 PARADISE POINTE WAY
NEW PORT RICHEY FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME T
2.3 STREET ADDRESS DAHL, MARION
2.4 CITY-ST-ZIP 11945 PARADISE POINTE WAY
NEW PORT RICHEY FL

TITLE ☐ DELETE
NAME PD
STREET ADDRESS SCARABINO, FRANK
CITY-ST-ZIP 11945 PARADISE POINTE WAY
NEW PORT RICHEY FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME PD
STREET ADDRESS CANALIN, JACK
CITY-ST-ZIP 11945 PARADISE POINTE WAY
NEW PORT RICHEY FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME D
4.3 STREET ADDRESS CAHALIN, JACK
4.4 CITY-ST-ZIP 11945 PARADISE POINTE WAY
NEW PORT RICHEY FL

TITLE ☒ DELETE
NAME D
STREET ADDRESS HARRIGAN, ANNGENETTE
CITY-ST-ZIP 11945 PARADISE POINTE WAY
NEW PORT RICHEY FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME J.P. ALLEN
5.3 STREET ADDRESS 11945 PARADISE POINTEWAY
5.4 CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

Frank Scarabino

3/6/98

CR2E037 (10/97)