

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90069 014 ****61.25

DOCUMENT # 726371

1. Entity 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1709341**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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.

**Jack Smith
 Resource Property Manager**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **WILKINS, PATRICIA**
 STREET ADDRESS **11945 PARADISE POINT WAY**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Dahl, Marion**
 STREET ADDRESS **11945 Paradise Pointe Way**
 CITY-ST-ZIP **New Port Richey, FL**

TITLE **SD** ☐ Delete
 NAME **DAHL, MARION**
 STREET ADDRESS **11945 PARADISE POINTE WAY**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Kilcoin, Gerry**
 STREET ADDRESS **11945 Paradise Pointe Way**
 CITY-ST-ZIP **New Port Richey, FL**

TITLE **T** ☐ Delete
 NAME **ADCOCK, SAMUEL**
 STREET ADDRESS **11945 PARADISE POINTE WAY**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **T** ☒ Change ☐ Addition
 NAME **Gay, Art**
 STREET ADDRESS **11945 Paradise Pointe Way**
 CITY-ST-ZIP **New Port Richey, FL**

TITLE **V** ☐ Delete
 NAME **GEAKE, PHYLLIS**
 STREET ADDRESS **11945 PARADISE POINTE WAY**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **V** ☒ Change ☐ Addition
 NAME **Gouveia, Richard**
 STREET ADDRESS **11945 Paradise Pointe Way**
 CITY-ST-ZIP **New Port Richey, FL**

TITLE **D** ☐ Delete
 NAME **GAY, ARTHUR**
 STREET ADDRESS **11945 PARADISE POINTE WAY**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **Wilkins, Patricia**
 STREET ADDRESS **11945 Paradise Pointe Way**
 CITY-ST-ZIP **New Port Richey, FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Marion Dahl** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23, 2001 (727) 856 4695

Date Daytime Phone #

CR2E037 (10/00)