2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005
Secretary of State

DOCUMENT# 726371

Entity Name: POINTE WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11945 PARADISE POINTE WAY
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

11945 PARADISE POINTE WAY
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 59-1709341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REINHART, DEBRA
C/O RESOURCE MANAGEMENT, INC.
7300 PARK STREET
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: AMBROGIO, FRANK
Address: 11945 PARADISE POINTE WAY
City-St-Zip: NEW PORT RICHEY, FL

Title: PD ( ) Delete
Name: KILCOIN, GERRY
Address: 11945 PARADISE POINTE WAY
City-St-Zip: NEW PORT RICHEY, FL

Title: T ( ) Delete
Name: PICARD, ED
Address: 11945 PARADISE POINTE WAY
City-St-Zip: NEW PORT RICHEY, FL

Title: VP ( ) Delete
Name: GAY, ART
Address: 11945 PARADISE POINTE WAY
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D ( ) Delete
Name: KAMINSKI, MARY
Address: 11945 PARADISE POINTE WAY
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change ( ) Addition
Name: KILCOIN, GERRY
Address: 11945 PARADISE POINTE WAY
City-St-Zip: NEW PORT RICHEY, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERRY KILCOIN PRES 01/24/2005

Electronic Signature of Signing Officer or Director — Date