

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733698** (5)
1. Corporation Name
THE POINTE ASSOCIATION, INC.



Principal Place of Business 9390 MIDNIGHT PASS RD SARASOTA FL 34242	Mailing Address 9390 MIDNIGHT PASS RD SARASOTA FL 34242-2924
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3. Date Incorporated or Qualified 09/02/1975	3a. Date of Last Report 04/03/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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4. FEI Number 59-1606537	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 BECKER, POLIAKOFF, PA 630 S. ORANGE AVE, 3RD FLOOR SARASOTA FL 34236	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	
TITLE	P ☐ DELETE
NAME	VICTOR, SHAW
STREET ADDRESS	9397-MIDNIGHT-PASS RD 9025
CITY-ST-ZIP	SARASOTA-FL
TITLE	V ☐ DELETE
NAME	HONES, JOHN
STREET ADDRESS	9397 MIDNIGHT PASS RD. #306S
CITY-ST-ZIP	SARASOTA FL
TITLE	S ☐ DELETE
NAME	KELLEY, VIRGINIA
STREET ADDRESS	9397 MIDNIGHT PASS RD. #604S
CITY-ST-ZIP	SARASOTA FL
TITLE	T ☐ DELETE
NAME	BAGLEY, JACK
STREET ADDRESS	9397 MIDNIGHT PASS RD. #501S
CITY-ST-ZIP	SARASOTA FL
TITLE	D ☐ DELETE
NAME	DEVERLE, HELVIN
STREET ADDRESS	9397-MIDNIGHT-PASS RD.-#302
CITY-ST-ZIP	SARASOTA-FL
TITLE	D ☐ DELETE
NAME	SHAW, RICHARD
STREET ADDRESS	9397 MIDNIGHT PASS RD. #903S
CITY-ST-ZIP	SARASOTA-FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	P Bagley, JACK
1.3 STREET ADDRESS	9397 midnight pass Rd 501S
1.4 CITY-ST-ZIP	SARASOTA FLA 34242
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	V Winslow, Robert
2.3 STREET ADDRESS	9393 MIDNIGHT PASS RD 904N
2.4 CITY-ST-ZIP	SARASOTA FLA 34242
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	S Kelley Virginia
3.3 STREET ADDRESS	9397 midnight pass Rd 604S
3.4 CITY-ST-ZIP	SARASOTA FLA 34242
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	T Harsip, Shirley
4.3 STREET ADDRESS	9397 midnight pass Rd 702S
4.4 CITY-ST-ZIP	SARASOTA FLA 34242
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	D Hrones, John
5.3 STREET ADDRESS	9397 midnight pass Rd 306S
5.4 CITY-ST-ZIP	SARASOTA FLA 34242
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	D Neu Feld, Milton
6.3 STREET ADDRESS	9397 MIDNIGHT PASS RD. 406S
6.4 CITY-ST-ZIP	SARASOTA FLA 34242

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: *[Signature]* 4-4-97

CR2E037 (9/96)