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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **733698**

1. Corporation Name

THE POINTE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9390 MIDNIGHT PASS RD SARASOTA FL 34242 -2924	9390 MIDNIGHT PASS RD SARASOTA FL 34242 -2924

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 34242-2924 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 34242-2924 Country 30

3. Date Incorporated or Qualified: 09/02/1975

4. FEI Number: 59-1606537 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BECKER, POLIAKOFF, PA
630 S. ORANGE AVE, 3RD FLOOR
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: ~~William D. Clark~~ CLARK, William D ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 479 ALBEE FARM ROAD
83
84 City: Venice FL 85 Zip Code: 34292

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 _____ April 1, 1999
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	D	☒ DELETE	1.1 TITLE	T D	☐ Change ☒ Addition
NAME	BAGLEY, JACK		1.2 NAME	MOFFETT, SHERI	
STREET ADDRESS	9397 MIDNIGHT PASS RD., 5015		1.3 STREET ADDRESS	9393 MIDNIGHT PASS RD., PH-2-N	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	VP	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	WINSLOW, ROBERT		2.2 NAME	WINSLOW, WILLIAM	
STREET ADDRESS	9393 MIDNIGHT PASS RD., 904N		2.3 STREET ADDRESS	9397 MIDNIGHT PASS RD., 607 S	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	P	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	KELLEY, VIRGINIA		3.2 NAME		
STREET ADDRESS	9397 MIDNIGHT PASS RD. #604S		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	34242	
TITLE	D	☐ DELETE	4.1 TITLE	S D	☒ Change ☐ Addition
NAME	MARCHETTI, LOUIS		4. 2 NAME		
STREET ADDRESS	4393 MIDNIABLE PASS RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34242		4.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	KELLY, VIRGININA		5.2 NAME	CASHMAN, LOUISE	
STREET ADDRESS	9393 MIDNIGBLE PASS RD, #604S		5.3 STREET ADDRESS	9393 MIDNIGHT PASS RD., 701 N	
CITY-ST-ZIP	SARASOTA FL 34242		5.4 CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	D	☒ DELETE	6.1 TITLE	VP D	☐ Change ☒ Addition
NAME	JACOBES, WALTEN		6.2 NAME	SCHOENHALS, DONALD	
STREET ADDRESS	4015 9393 MIDNIGBLE PASS RD		6.3 STREET ADDRESS	9397 MIDNIGHT PASS RD., 506 S	
CITY-ST-ZIP	SARASOTA FL 34242		6.4 CITY-ST-ZIP	SARASOTA, FL 34242	

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, with all other like empowered.

SIGNATURE: ~~Virginia M. Kelley~~ Virginia M. Kelley VP 4/1/99 941-349-6466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037-(11/98)