2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-23-2004 90054 024 ****61.25

DOCUMENT # 733698

1. Entity 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

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1606537 ☐ 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
WELLS, KEVIN T ESQ 2033 MAIN STREET, SUITE 403 SARASOTA FL 34237	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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THOLE, THOMAS 9393 MIDNIGHT PASS RD SARASOTA FL 34242	☒ Delete	TD WARREN JACOBSON 9397 MIDNIGHT PASS RD #401 SARASOTA, FL 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CASINELLI, JOSEPH 9397 MIDNIGHT PASS RD. #207 SARASOTA FL 34242	☐ Delete	SD VIRGINIA KELLEY 9397 MIDNIGHT PASS RD #604 SARASOTA, FL 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAHM, WILLIAM 9393 MIDNIGHT PASS RD. #901 SARASOTA FL 34242	☒ Delete	D JOHN GOODWIN 9397 MIDNIGHT PASS RD #806 SARASOTA, FL 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V REBELLO, JOHN 9393 MIDNIGHT PASS RD. #202 SARASOTA FL 34242	☐ Delete	D JOHN FREEMAN 9393 MIDNIGHT PASS RD #803 SARASOTA, FL 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STAFFORD, HUGH 9397 MIDNIGHT PASS RD. #306 SARASOTA FL 34242	☒ Delete	D THOMAS TRANTER 9397 MIDNIGHT PASS RD #705 SARASOTA, FL 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PITCHER, WILLIAM 9397 MIDNIGHT PASS RD SARASOTA FL 34242	☒ Delete		☐ Change ☐ Addition

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: Joseph L Casinelli 2-11-04 941-349-6446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #