2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90216 021 ****61.25

DOCUMENT # 733698

1. Entity Name
THE POINTE ASSOCIATION, INC.

50014230

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

01092006 Chg-NP CR2E037 (11/05)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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	D FIELDS, GEORGE 9393 MIDNIGHT PASS RD SARASOTA, FL 34242	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FIELDS, GEORGE 9393 MIDNIGHT PASS RD SARASOTA, FL. 34242	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOLNAR, HELEN 9397 MIDNIGHT PASS RD SARASOTA, FL 34242	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MOLNAR, HELEN 9397 MIDNIGHT PASS RD. SARASOTA, FL. 34242	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOODWIN, JORTN 9397 MIDNIGHT PASS RD #806 SARASOTA, FL 34242	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NEWTON, STEVE 9397 MIDNIGHT PASS RD SARASOTA, FL. 34242	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FREEMAN, JOHN 9393 MIDNIGHT PASS RD SARASOTA, FL 34242	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JACOBSON, NANCY 9397 MIDNIGHT PASS RD. SARASOTA, FL. 34242	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TRANTER, THOMAS 9397 MIDNIGHT PASS RD #705 SARASOTA, FL 34242	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REBELLO, JACK 9393 MIDNIGHT PASS RD. SARASOTA, FL. 34242	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KELLEY, VIRGINIA 9397 MIDNIGHT PASS RD #604 SARASOTA, FL 34242	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASINELLI, JOSEPH 9397 MIDNIGHT PASS RD. SARASOTA, FL. 34242	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: GEORGE FIELDS _____ 4/13/06 941-349-6446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #