# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2008**
**Secretary of State**

DOCUMENT# 733698

**Entity Name:** THE POINTE ASSOCIATION, INC.

**Current Principal Place of Business:**

9390 MIDNIGHT PASS RD
SARASOTA, FL 342422924

**New Principal Place of Business:**

**Current Mailing Address:**

9390 MIDNIGHT PASS RD
SARASOTA, FL 342422924

**New Mailing Address:**

**FEI Number: 59-1606537** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

WELLS, KEVIN T ESQ
2033 MAIN STREET, SUITE 403
SARASOTA, FL 34237 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: | TD | ( ) Delete |
| Name: | SCHOENHALS, DON | |
| Address: | 9397 MIDNIGHT PASS RD UNIT 506-S | |
| City-St-Zip: | SARASOTA, FL 34242 | |
| Title: | D | ( ) Delete |
| Name: | LAHM, WILLIAM | |
| Address: | 9393 MIDNIGHT PASS RD UNIT 901-N | |
| City-St-Zip: | SARASOTA, FL 34242 | |
| Title: | D | ( ) Delete |
| Name: | KELLEY, VIRGINIA | |
| Address: | 9397 MIDNIGHT PASS RD UNIT 604-S | |
| City-St-Zip: | SARASOTA, FL 34242 | |
| Title: | SD | ( ) Delete |
| Name: | JACOBSON, NANCY | |
| Address: | 9397 MIDNIGHT PASS RD | |
| City-St-Zip: | SARASOTA, FL 34242 | |
| Title: | VPD | ( ) Delete |
| Name: | REBELLO, JACK | |
| Address: | 9393 MIDNIGHT PASS RD | |
| City-St-Zip: | SARASOTA, FL 34242 | |
| Title: | P | ( ) Delete |
| Name: | CASINELLI, JOSEPH | |
| Address: | 9397 MIDNIGHT PASS RD | |
| City-St-Zip: | SARASOTA, FL 34242 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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 exemption stated 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 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: DON SCHOENHALS TD 05/02/2008

Electronic Signature of Signing Officer or Director — Date