FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733844 (5)

1. Corporation Name

PINE POINT VILLAS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3310 LOREN ROAD BOYNTON BEACH FL 33435-6578	3310 LOREN ROAD BOYNTON BEACH FL 33435-6578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1975
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1591216 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LEVINE, JAY S.
3300 PGA BLVD., SUITE #800
PALM BEACH GARDENS FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	ASD ☐ Change ☒ Addition
NAME	MC DANIEL, HARRY P.	1.2 NAME	DRAGO, MARY
STREET ADDRESS	220-A BAYVIEW AVE.	1.3 STREET ADDRESS	3330-C LOREN RD.
CITY-ST-ZIP	BOYNTON BCH. FL	1.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33435
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	HABERMANN, EDWARD A.	2.2 NAME	
STREET ADDRESS	3200-B RIDGE HILL RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	ABBONDANDOLO, MARIE	3.2 NAME	
STREET ADDRESS	311-D PINE POINT DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	MACIOLEK, ANIELA G.	4.2 NAME	
STREET ADDRESS	221-C PINE POINT DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL	4.4 CITY-ST-ZIP	
TITLE	ATD	5.1 TITLE	☐ Change ☐ Addition
NAME	LUCZKOW, LOTTIE	5.2 NAME	
STREET ADDRESS	100-D BAYVIEW AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	CIARAMITARO, JOSEPH	6.2 NAME	
STREET ADDRESS	221-D PINE POINT DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Harry P. McDaniel 4/14/95 (407) 585-3780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Harry P. McDaniel, President

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