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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **733844**

1. Corporation Name
PINE POINT VILLAS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3310 LOREN ROAD BOYNTON BEACH FL 33435-8578	3310 LOREN ROAD BOYNTON BEACH FL 33435-8578

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 09/17/1975

4. FEI Number: 59-1591216 ☐ 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

KLINE, CHARLES F
831 NORTH DIXIE HWY
LAKE WORTH FL 33460

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 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 _____ 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	VPD	☒ DELETE	1.1 TITLE	VPD	☒ Change ☐ Addition
NAME	DIEHL, HARRY		1.2 NAME	DIDATO, LOUIS	
STREET ADDRESS	3220-B RIDGE HILL RD		1.3 STREET ADDRESS	101-A BAYVIEW AVE.	
CITY-ST-ZIP	BOYNTON BCH. FL 33435		1.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33435	
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DRAGO, MARY		2.2 NAME		
STREET ADDRESS	3330-C LOREN RD		2.3 STREET ADDRESS	311-A COUNTRY LANE	
CITY-ST-ZIP	BOYNTON BCH. FL 33435		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	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	33435	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARTMAN, BERNICE L		4.2 NAME		
STREET ADDRESS	3330-C POST ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH. FL 33435		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MACIOLE, ANIELA		5.2 NAME	MOLINARO, MADELEINE	
STREET ADDRESS	221-C PINE POINT DR		5.3 STREET ADDRESS	3331-B POST ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		5.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33435	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PERRUCCIO, JOSEPH		6.2 NAME		
STREET ADDRESS	3230-D PARK LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		6.4 CITY-ST-ZIP		

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: SIGNATURE REQUIRED 3/25/99 (561) 585-3780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #