

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:22

DOCUMENT # 751590 (1)
1. Corporation Name
POINTE ROYALE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/18/1980	3a. Date of Last Report 04/27/1994
4. FEI Number 59-2139176	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
1910 VIRGINIA AVENUE #101B FT MYERS FL 33901		1910 VIRGINIA AVENUE #101B FT MYERS FL 33901	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PARTRIDGE, DENISE A. 1910 VIRGINIA AVE #101B FORT MYERS FL 33901		81 Name JASTER, BERT E.	85 Zip Code 33901
		82 Street Address (P.O. Box Number is Not Acceptable) 1910 Virginia Ave #101B	
		83	
		84 City Fort Myers,	FL

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: *B.E. JASTER, MGR* DATE: 3/14/95

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MECKLENBURG, EUGENE	1.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MECKLENBURG, EUGENE	1.2 NAME	
STREET ADDRESS	1900 VIRGINIA AVE, #1502C	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS, FL 00000	1.4 CITY - ST - ZIP	
TITLE	DP SCHREIBER, ROBERT	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBER, ROBERT	2.2 NAME	BAMAN, HARVEY
STREET ADDRESS	1920 VIRGINIA AVE, #802A	2.3 STREET ADDRESS	1910 Virginia Ave. #1202B
CITY - ST - ZIP	FT MYERS, FL 00000	2.4 CITY - ST - ZIP	Fort Myers, FL 33901
TITLE	DS RICHARDS, JOE	3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, JOE	3.2 NAME	MACDONALD, DARLENE
STREET ADDRESS	1900 VIRGINIA AVE, #1301C	3.3 STREET ADDRESS	1900 Virginia Ave. #1002C
CITY - ST - ZIP	FT MYERS, FL 00000	3.4 CITY - ST - ZIP	Fort Myers, FL 33901
TITLE	DT CRUMP, ROBERT	4.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUMP, ROBERT	4.2 NAME	
STREET ADDRESS	1920 VIRGINIA AVE, #003A	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	4.4 CITY - ST - ZIP	
TITLE	DV RAMSAY, GORDON	5.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSAY, GORDON	5.2 NAME	
STREET ADDRESS	1910 VIRGINIA AVE, #901B	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(k), 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 in person; 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: *Eugene Mecklenburg, Secretary* (813) 334-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Printing Please)