

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business Mailing Address
1910 VIRGINIA AVENUE #101B FT MYERS FL 33901 **1910 VIRGINIA AVENUE #101B FT MYERS FL 33901**

3. Date Incorporated or Qualified **03/18/1980** 3a. Date of Last Report **03/24/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2139176	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JASTER, BERT E 1910 VIRGINIA AVE SUITE 101B FORT MYERS FL 33901				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DS	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MECKLENBURG, EUGENE			1.2 NAME	WILLIAM F. CARROLL		
STREET ADDRESS	1900 VIRGINIA AVE, #1502C			1.3 STREET ADDRESS	1900 VIRGINIA AVE, #1601		
CITY-ST-ZIP	FT MYERS, FL 00000			1.4 CITY-ST-ZIP	FT MYERS FL 33901		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAMMAN, HARVEY			2.2 NAME			
STREET ADDRESS	1910 VIRGINIA AVE., #1202B			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS, FL 00000			2.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACDONALD, DARLENE			3.2 NAME			
STREET ADDRESS	1900 VIRGINIA AVE., #1002C			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS, FL 00000			3.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		4.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRUMP, ROBERT			4.2 NAME			
STREET ADDRESS	1920 VIRGINIA AVE, #903A			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			4.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		5.1 TITLE	DT	<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		<input type="checkbox"/> DELETE		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 119.07(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 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: H. W. BAMMAN, VP DATE: 4/1/96 (941)334-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)