

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751590 (1)
1. Corporation Name
POINTE ROYALE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1910 VIRGINIA AVENUE #101B FT MYERS FL 33901	Mailing Address 1910 VIRGINIA AVENUE #101B FT MYERS FL 33901-3354
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3. Date Incorporated or Qualified 03/18/1980	3a. Date of Last Report 04/04/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2139176	Applied For Not Applicable
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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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**JASTER, BERT E
1910 VIRGINIA AVE
SUITE 101B
FORT MYERS FL 33901**

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARROLL, WILLIAM F.	
STREET ADDRESS	1900 VIRGINIA AVENUE #1601	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BAMMAN, HARVEY	
STREET ADDRESS	1910 VIRGINIA AVE., #1202B	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MACDONALD, DARLENE	
STREET ADDRESS	1900 VIRGINIA AVE., #1002C	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	CRUMP, ROBERT	
STREET ADDRESS	1920 VIRGINIA AVE, #903A	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	RAMSAY, GORDON	
STREET ADDRESS	1910 VIRGINIA AVE, #901B	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Geer, T. Dwight	
3.3 STREET ADDRESS	1920 Virginia Ave. #1002	
3.4 CITY-ST-ZIP	Fort Myers, FL 33901	
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	3493 Rock Creek Drive	
4.4 CITY-ST-ZIP	Port Charlotte, FL 33948	
5.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Zipperer, Jennie Lee	
5.3 STREET ADDRESS	1910 Virginia Ave., #1602	
5.4 CITY-ST-ZIP	Fort Myers, FL 33901	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Jennie Lee Zipperer* **JENNIE LEE ZIPPERER** 3/27/97 334-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0055742

CR2E037 (9/96)