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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 751590

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
 03/18/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-2139176

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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

Roberta A. Golfes

82 Street Address (P.O. Box Number is Not Acceptable)

1910 Virginia Avenue

83

Suite 101

84 City

Fort Myers

FL

85 Zip Code
 33901

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

Roberta A. Golfes *Roberta A. Golfes, Manager*

4/21/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME DV WALKER, KENNETH P.
 STREET ADDRESS 1920 VIRGINIA AVE. #803
 CITY-ST-ZIP FORT MYERS FL 33901

1.1 TITLE Change Addition
 1.2 NAME President
 1.3 STREET ADDRESS Walker, Kenneth P.
 1.4 CITY-ST-ZIP 1920 Virginia Ave. #803 Ft. Myers, FL 33901

TITLE DELETE
 NAME D BAMMAN, HARVEY
 STREET ADDRESS 1910 VIRGINIA AVE., #1202B
 CITY-ST-ZIP FT MYERS, FL 00000

2.1 TITLE Change Addition
 2.2 NAME VP
 2.3 STREET ADDRESS Margaret Allen
 2.4 CITY-ST-ZIP 1910 Virginia Ave. #202 Ft. Myers, FL 33901

TITLE DELETE
 NAME DP GEER, T. DWIGHT
 STREET ADDRESS 1920 VIRGINIA AVE. #1002
 CITY-ST-ZIP FORT MYERS FL

3.1 TITLE Change Addition
 3.2 NAME Director
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME DS RICHARDS, JOE M.
 STREET ADDRESS 1900 VIRGINIA AVE #1301
 CITY-ST-ZIP FORT MYERS FL 33901

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME DT ZIPPERER, JENNIE LEE
 STREET ADDRESS 1910 VIRGINIA AVE., #1602
 CITY-ST-ZIP FORT MYERS FL

5.1 TITLE Change Addition
 5.2 NAME Treasurer
 5.3 STREET ADDRESS Allen, Carl A.
 5.4 CITY-ST-ZIP 1920 Virginia Ave. #503 Ft. Myers, FL 33901

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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: X

John Richards
 SIGNATURE REQUIRED
 DATE 4/21/99

Joe M. Richards, Secretary 941-334-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (1/198)