

2000 UNIFORM BUSINESS REPORT (UBR)

5/1/00

FILED
May 18, 2000 8:00 am
Secretary of State

05-01-2000 90047 001 ****61.25

DOCUMENT # 751590

1. Entity 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 33901-3355
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1910 Virginia Avenue Suite, Apt. #, etc.	3. Mailing Address 1910 Virginia Avenue Suite, Apt. #, etc.
---	---

City & State Ft. Myers, Florida	City & State Ft. Myers, Florida
Zip 33901	Zip 33901
Country Lee	Country Lee

4. FEI Number 59-2139176	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLFES, ROBERTA A
 1910 VIRGINIA AVE
 STE 101
 FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE D	NAME WALKER, KENNETH P.	STREET ADDRESS 1920 VIRGINIA AVE. #803	CITY-ST-ZIP FORT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE VP	NAME ALLEN, MARGARET	STREET ADDRESS 1910 VIRGINIA AVE #2018	CITY-ST-ZIP FT MYERS FL	<input type="checkbox"/> Delete
TITLE D	NAME GEER, T. DWIGHT	STREET ADDRESS 1920 VIRGINIA AVE. #1002	CITY-ST-ZIP FORT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE DS	NAME RICHARDS, JOE M.	STREET ADDRESS 1900 VIRGINIA AVE #1301	CITY-ST-ZIP FORT MYERS FL 33901	<input checked="" type="checkbox"/> Delete
TITLE T	NAME ALLEN, CARL A	STREET ADDRESS 1920 VIRGINIA AVE #1107	CITY-ST-ZIP FORT MYERS FL	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME	STREET ADDRESS 1910 VIRGINIA #201 B	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Secretary	NAME ELY, HAROLD	STREET ADDRESS 1920 VIRGINIA #1502	CITY-ST-ZIP FT MYERS, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PRESIDENT	NAME Realita, Champagne	STREET ADDRESS 1900 Virginia Ave. #101	CITY-ST-ZIP Ft. Myers, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PRESIDENT	NAME	STREET ADDRESS 1920 VIRGINIA AVE. #1103	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 5/1/00 PHONE: 941-332-5483

CR2E037 (9/99)