

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90087 037 \*\*\*\*61.25

**DOCUMENT # 751590**

1. Entity Name  
**POINTE ROYALE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
 1910 VIRGINIA AVENUE  
 FT MYERS FL 33901

Mailing Address  
 1910 VIRGINIA AVENUE  
 FT MYERS FL 33901

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



1st MOORE CR2E037 (10/05)

4. FEI Number **59-2139176** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**HALL, DAVID C**  
**1910 VIRGINIA AVE**  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, ROBERT		NAME	Vende, Mary	
STREET ADDRESS	1910 VIRGINIA AVE. #402		STREET ADDRESS	1906 Virginia Ave #901	
CITY-ST-ZIP	FORT MYERS FL 33901		CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, DAVID C		NAME	Hall, David	
STREET ADDRESS	1900 VIRGINIA AVENUE #1101		STREET ADDRESS	1906 Virginia Ave #1101	
CITY-ST-ZIP	FORT MYERS FL 33901		CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, KENNETH		NAME	Walker, Kenneth	
STREET ADDRESS	1920 VIRGINIA AVE #801		STREET ADDRESS	1920 Virginia Ave #801	
CITY-ST-ZIP	FORT MYERS FL 33901		CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	DD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, JACK		NAME	Robert Velzy	
STREET ADDRESS	1900 VIRGINIA AVE #1002		STREET ADDRESS	1906 Virginia Ave #903	
CITY-ST-ZIP	FORT MYERS FL 33901		CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFANI, JOHN		NAME		
STREET ADDRESS	1920 VIRGINIA AVE #1103		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33901		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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]* 3/27/06 239-334-0022