

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751590

FILED
Mar 16, 2007
Secretary of State

Entity Name: POINTE ROYALE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1910 VIRGINIA AVENUE
FT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

1910 VIRGINIA AVENUE
FT MYERS, FL 33901

New Mailing Address:

FEI Number: 59-2139176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, DAVID C
1910 VIRGINIA AVE
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

GOLFES, ROBERTA A
1910 VIRGINIA AVE
FORT MYERS, FL 33901 US

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: ROBERTA A. GOLFES

03/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: VERDE, MARY
Address: 1900 VIRGINIA AVE #90
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: HALL, DAVID
Address: 1900 VIRGINIA AVENUE #1101
City-St-Zip: FORT MYERS, FL 33901

Title: PD () Delete
Name: WALKER, KENNETH
Address: 1920 VIRGINIA AVE #801
City-St-Zip: FORT MYERS, FL 33901

Title: DD () Delete
Name: VELZY, ROBERT
Address: 1980 VIRGINIA AVE #903
City-St-Zip: FORT MYERS, FL 33901

Title: TD () Delete
Name: STEFANI, JOHN
Address: 1920 VIRGINIA AVE #1103
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: VERDE, MARY
Address: 1900 VIRGINIA AVE #901
City-St-Zip: FORT MYERS, FL 33901

Title: VP (X) Change () Addition
Name: THOMAS, RAMSAY G
Address: 1910 VIRGINIA AVENUE #901
City-St-Zip: FORT MYERS, FL 33901

Title: PD (X) Change () Addition
Name: WALKER, KENNETH
Address: 1920 VIRGINIA AVE #803
City-St-Zip: FORT MYERS, FL 33901

Title: D (X) Change () Addition
Name: VELZY, ROBERT
Address: 1980 VIRGINIA AVE #903
City-St-Zip: FORT MYERS, FL 33901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH P. WALKER

PRES

03/16/2007

Electronic Signature of Signing Officer or Director

Date