2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 751912

1. Entity Name
POINTE SOUTH OF FORT MYERS BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5000 ESTERO BLVD FORT MYERS BEACH, FL 33931	5000 ESTERO BLVD FORT MYERS BEACH, FL 33931

02172006 No Chg-NP CR2E037 (11/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1684195

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEDERSEN, KJELL
2555 ESTERO BLVD.
FT. MYERS BEACH, FL 33931

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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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (Address of Registered Agent in Florida where service may be effected)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILHELM, JACK
STREET ADDRESS	323 SOUTH MARION ST
CITY-ST-ZIP	CARDINGTON, OH 43315
TITLE	SD
NAME	CARMICHAEL, SALLY A
STREET ADDRESS	6740 DONALD AVE
CITY-ST-ZIP	VALLY VIEW, FL
TITLE	D
NAME	GETZ, JAMES
STREET ADDRESS	355 LANE 130A LAKE GEORGE
CITY-ST-ZIP	FREMONT, IN 46737
TITLE	TD
NAME	BOMBACE, JOSEPH
STREET ADDRESS	5000 ESTERO BLVD.
CITY-ST-ZIP	FT MYERS BEACH, FL 33931
TITLE	D
NAME	PRESTON, SHIRLEY
STREET ADDRESS	1541 SEYMOUR AVE NW
CITY-ST-ZIP	GRAND RAPIDS, MI 49504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000505144
04/26/06-80105-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4-11-06 239-463-4009
(Signature and title of named agent or signing officer or director) Date Daytime Phone #