

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90039 016 ****61.25

DOCUMENT # 751912

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



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

Mailing Address
**5000 ESTERO BLVD
FORT MYERS BEACH, FL 33931**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**PITTMAN CONSULTING SERVICE INC.
6051 ESTERO BLVD.
FT. MYERS BEACH, FL 33931**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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 PD ☐ Delete
NAME WILHELM, JACK
STREET ADDRESS 323 SOUTH MARION ST
CITY-ST-ZIP CARDINGTON, OH 43315

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME CARMICHAEL, SALLY A
STREET ADDRESS 6740 DONALD AVE
CITY-ST-ZIP VALLY VIEW, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME GETZ, JAMES
STREET ADDRESS 355 LANE 130A LAKE GEORGE
CITY-ST-ZIP FREMONT, IN 46737

TITLE Treasurer ☐ Change ☒ Addition
NAME Lange, John
STREET ADDRESS 478 Hawthorne Ave Milwaukee WI 53172
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BOMBACE, JOSEPH
STREET ADDRESS 5000 ESTERO BLVD.
CITY-ST-ZIP FT MYERS BEACH, FL 33931

TITLE Director ☒ Change ☐ Addition
NAME Bombace, Joseph
STREET ADDRESS 5000 Estero Blvd
CITY-ST-ZIP Fort Myers Beach FL 33931

TITLE D ☐ Delete
NAME PRESTON, SHIRLEY
STREET ADDRESS 1541 SEYMOUR AVE NW
CITY-ST-ZIP GRAND RAPIDS, MI 49504

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08

239-463-4009
Daytime Phone