## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#751912** 

FILED Jaņ 16, 2<u>00</u>9 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

5000 ESTERO BLVD

FORT MYERS BEACH, FL 33931

**Current Mailing Address: New Mailing Address:** 

5000 ESTERO BLVD

FORT MYERS BEACH, FL 33931

FEI Number: 59-1684195 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PITTMAN CONSULTING SERVICE INC.

GILMAN CIOCIA TAX FINANCIAL PLANNING 6051 ESTERO BLVD. 6231 ESTERO BLVD.

FT. MYERS BEACH, FL 33931 US 3RD FLOOR

FT. MYERS BEACH, FL 33931 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: LARRY PITTMAN 01/16/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

WILHELM, JACK WILHELM, JOHN Name: Name: 323 SOUTH MARION ST Address: 323 SOUTH MARION ST Address: City-St-Zip: CARDINGTON, OH 43315 City-St-Zip: CARDINGTON, OH 43315

Title: SD Title: SD (X) Change ( ) Addition ( ) Delete VONHOFF, CARROL CARMICHAEL, SALLY A, Name: Name: Address: Address:

6740 DONALD AVE OS926 SKYLINE DRIVE City-St-Zip: VALLY VIEW, FL City-St-Zip: BATAVIA, IL 60510

Title: () Delete Title: (X) Change ( ) Addition

BOMBACE, JOSEPH WEBER, ROBERT Name: Name: Address: 5000 ESTERO BLVD. Address: 5748 NICKAUS DR City-St-Zip: FT MYERS BEACH, FL 33931 City-St-Zip: FORT COLLINS, CO 80528

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: PRESTON, SHIRLEY Name: CARMICHAEL, SALLY 6740 DONALD AVENUE Address: 1541 SEYMOUR AVE NW Address: City-St-Zip: GRAND RAPIDS, MI 49504 City-St-Zip: VALLEY VIEW, OH 44125

Title: () Delete Title: (X) Change ( ) Addition

LANGE, JOHN LANGE, JOHN Name: Name: 478 HAWTHORNE AVE 478 HAWTHORNE AVE Address: Address: City-St-Zip: MILWAUKEE, WI 53172 City-St-Zip: MILWAUKEE, WI 53172

I hereby certify that the information supplied with this filing does not qualify 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: JOHN WILHELM **PRES** 01/16/2009