

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755178 (1)

1. Corporation Name

THE POINTE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

3204 NE 16TH ST.
POMPANO BEACH FL 33062

Mailing Address

9365 W. SAMPLE ROAD
SUITE 203-A
CORAL SPRINGS FL 33065
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SAATHOFF, NANCY
CONDO MGMT. ALTERNATIVE, INC
9365 W. SAMPLE RD #203A
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified

11/19/1980

3a. Date of Last Report

03/10/1995

4. FEI Number

65-0560540

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☒ DELETE

NAME

MEED, PAUL

STREET ADDRESS

3204 NE 16TH ST. #6

CITY-ST-ZIP

POMPANO BCH. FL

TITLE

SD

☐ DELETE

NAME

MCCLOUD, LORI A

STREET ADDRESS

3204 NE 16TH ST. #8

CITY-ST-ZIP

POMPANO BCH. FL

TITLE

TD

☐ DELETE

NAME

SPENCE, DEBRA S.

STREET ADDRESS

3204 NE 16TH ST. #7

CITY-ST-ZIP

POMPANO BCH. FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/D

☐ Change

☒ Addition

1.2 NAME

Ken Kovalski

1.3 STREET ADDRESS

3204 NE 16th St. #6

1.4 CITY-ST-ZIP

Pompano Beach, FL 33062

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

751 NE 69th St.

3.3 STREET ADDRESS

Boca Raton, FL 33487

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

954-752-4796

CR2E037 (12/95)