

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33065-4150 US
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3. Date Incorporated or Qualified 11/19/1980	3a. Date of Last Report 03/29/1996
4. FEI Number 65-0560540	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	KOVALESKI, KEN
STREET ADDRESS	3204 NE 16TH ST, #6
CITY-ST-ZIP	POMPANO BCH. FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	MOOLOUD, LORI A
STREET ADDRESS	3204 NE 16TH ST, #8
CITY-ST-ZIP	POMPANO BCH. FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	SPENCE, DEBRA S.
STREET ADDRESS	751 NE 69TH ST
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD Mazer, Diane
2.3 STREET ADDRESS	3204 NE 16th St.
2.4 CITY-ST-ZIP	Pompano Beach FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD Cantwell, Elizabeth
3.3 STREET ADDRESS	3204 NE 16th St.
3.4 CITY-ST-ZIP	Pompano Beach FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	UPD Santipacki, Mike
4.3 STREET ADDRESS	3204 NE 16th St.
4.4 CITY-ST-ZIP	Pompano Beach FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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] 2/21/97 954-251-4796

CR2E037 (9/96)