


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90117 036 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 755178			
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		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0560540	
22		27		Applied For Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Zip	29	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25	Country	30	Country		
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
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 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 type="checkbox"/> DELETE					
NAME	MAZER, DIANE						
STREET ADDRESS	3204 NE 16TH ST						
CITY-ST-ZIP	POMPANO BEACH FL						
TITLE	TD	<input type="checkbox"/> DELETE					
NAME	CANTWELL, ELIZABETH						
STREET ADDRESS	3204 NE 16TH ST						
CITY-ST-ZIP	POMPANO BEACH FL						
TITLE	VPD	<input type="checkbox"/> DELETE					
NAME	SANTIPADRI, MIKE						
STREET ADDRESS	3204 NE 16TH ST						
CITY-ST-ZIP	POMPANO BEACH FL						
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 type="checkbox"/> Addition					
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP							
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP							
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 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, with all other like empowered.

SIGNATURE: *Katherine Harris* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

Date

954-752-4796

Daytime Phone #

CR2E037 (1/98)