

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-10-2002 90439 025 ****61.25

DOCUMENT # 755178

1. Entity Name

THE POINTE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3204 NE 18TH ST.
POMERANO BEACH FL 330629365 W. SAMPLE ROAD
SUITE 203-A
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

9365 W. SAMPLE RD

3. Mailing Address

Suite, Apt. #, etc.
203

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

Zip

33065

Country

US

Zip

Country

4. FEI Number

65-0560540

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANTIPADRI, MIKE	
STREET ADDRESS	9365 W SAMPLE ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	MAZU, DIANE	
STREET ADDRESS	9365 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL	

TITLE	TD	<input type="checkbox"/> Delete
NAME	CANTWELL, ELIZABETH	
STREET ADDRESS	9365 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZU, DIANE	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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

4/30/2002

Date

954-752-4196

Daytime Phone #

CR2E037 (9/01)