

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90033 006 \*\*\*\*61.25

**DOCUMENT # 755178**

1. Entity Name  
**THE POINTE HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
9365 W SAMPLE RD #203-A  
CORAL SPRINGS, FL 33065

Mailing Address  
P.O. BOX 8506  
CORAL SPRINGS, FL 33065 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
65-0560540

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
~~CONDO MANAGEMENT ALTERNATIVE, INC~~  
Street Address (P.O. Box Number is Not Acceptable)  
9365 W. SAMPLE ROAD #203  
City  
CORAL SPRINGS FL Zip Code  
33065

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ronald Saathoff RONALD SAATHOFF

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

(NOTE: Registered Agent signature required when renaming.)

1/27/05

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
SANTIPADRI, MIKE  
P.O. BOX 8506  
POMPANO BEACH, FL 33075 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
MAZUR, DIANE  
P.O. BOX 8506  
POMPANO BEACH, FL 33075 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
CANTWELL, ELIZABETH  
P.O. BOX 8506  
POMPANO BEACH, FL 33075 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ALBRING, ERIC  
P.O. BOX 8506  
POMPANO BEACH, FL 33075 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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:

Michael Santipadri  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2005  
Date

954-752-4296  
Daytime Phone #