2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2008 8:00 am Secretary of State

	ANNUAL	1 (1)	20, 2			,			
DOCUMENT #755178 1. Entity Name THE POINTE HOMEOWNER'S ASSOCIATION, INC.				n)	creta] -28-2008 90	-			
9365 W SAMPLE RD #203-A P.		Mailing Address P.O. BOX 8506 CORAL SPRINGS, FL 330	065 US		ANNI IIZN 12121 JUN	alah atan atah at	Dir enem enem	MIEL EL CACI	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162008 _{Ch}	ng-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 65-056054	4. FEI Number Applied For 65-0560540 Not Applicable				
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired		.75 Add Required		
	6. Name and Address of Current F	Registered Agent		7. Name and Add	ress of New R	egistered Age	nt		
CONDON	IANACEMENT ALTERNATIVE	INC	Name						
CONDO MANAGEMENT ALTERNATIVE 9365 W. SAMPLE RD #203A CORAL SPRINGS, FL 33065		INC	Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Code	9	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or regi	stered agent, or both, in	the State of Flo	rida. I am fam	iliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature reg	uired when reinstating)		DATE			
SIGNATURE .			Registered Agent signature req			DATE			
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flori	ake check pa ida Departme	ent of St	ate	
SIGNATURE .	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be	Flori	ake check pa ida Departme	ent of St	ate	
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR VD SANTIPADRI, MIKE P.O. BOX 8506	9. Election Camp Trust Fund Co	paign Financing Intribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	ake check pa ida Departme	TORS IN	ate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2008

954-752-4796

Daytime Phone #