

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90122 024 \*\*\*\*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  
**9365 W. SAMPLE ROAD  
SUITE 203-A  
CORAL SPRINGS FL 33065  
US**

2. Principal Place of Business

3. Mailing Address  
**P.O. Box 8506**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**CORAL SPRINGS, FL**

Zip

Country

Zip

Country

**33075**

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

7. Name and Address of New Registered Agent

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

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

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 \$61.25**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SANTIPADRI, MIKE	
STREET ADDRESS	9365 W SAMPLE ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MAZU, DIANE	
STREET ADDRESS	9365 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input checked="" 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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTIPADRI, MIKE	
STREET ADDRESS	P.O. BOX 8506	
CITY-ST-ZIP	CORAL SPRINGS, FL 33075	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAZUR, DIANE	
STREET ADDRESS	P.O. BOX 8506	
CITY-ST-ZIP	CORAL SPRINGS, FL 33075	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANTWELL, ELIZABETH	
STREET ADDRESS	P.O. BOX 8506	
CITY-ST-ZIP	CORAL SPRINGS, FL 33075	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBRING, ERIC	
STREET ADDRESS	P.O. BOX 8506	
CITY-ST-ZIP	CORAL SPRINGS, FL 33075	
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]*

954-752-4796

CR2E037 (10/02)