

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90073 013 ****61.25

DOCUMENT # 757771

1. Entity Name
**THE VILLAS OF POINTE WEST CONDOMINIUM OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**6105 WALNUT STREET WEST
BRADENTON, FL 34209**

Mailing Address
**6105 WALNUT STREET WEST
BRADENTON, FL 34209**

50015138



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2528244

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

**STEIN, ALAN
3930 S.R. 64 EAST
BRADENTON, FL 34208**

Name **BARBARA N. HUFFMAN**
Street Address (P.O. Box Number is Not Acceptable)
**6104 EVERGREEN CIRCLE
BRADENTON, FL 34209**
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

Barbara N. Huffman

02/03/05

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

(NOTE: Registered Agent signature required when reinstating)

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 PD ☐ Delete
NAME ZABRISKIE, ROBERT J.
STREET ADDRESS 6109 WALNUT STREET 4-E
CITY-ST-ZIP BRADENTON, FL 34209

TITLE PRES. ☒ Change ☐ Addition
NAME VERONICA REINHOLD
STREET ADDRESS 6107 B. EVERGREEN CIR
CITY-ST-ZIP BRADENTON, FL 34209

TITLE V ☐ Delete
NAME SPRINGER, ROBERT
STREET ADDRESS 6108 D. WALNUT STREET
CITY-ST-ZIP BRADENTON, FL 34206

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

TITLE S ☐ Delete
NAME HUFFMAN, BARBARA N
STREET ADDRESS 6104 D. EVERGREEN CIRCLE
CITY-ST-ZIP BRADENTON, FL 34209

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

TITLE T ☐ Delete
NAME QUINN, ANTONIA
STREET ADDRESS 6106 D. WALNUT STREET
CITY-ST-ZIP BRADENTON, FL 34209

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Barbara N. Huffman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/05 9417921291

Date

Daytime Phone #