

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90036 024 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 59-2528244				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUFFMAN, BARBARA N 6104 EVERGREEN CIRCLE BRADENTON, FL 34209			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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	P REINHOLD, VERONICA 6107 B EVERGREEN CIR BRADENTON, FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Veronica Reinhold 6107 Evergreen Circle, Unit 10B Bradenton, FL 34209	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPRINGER, ROBERT 6108 D. WALNUT STREET BRADENTON, FL 34206	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Robert Springer 6108 Walnut Street, Unit 2D Bradenton, FL 34209	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUFFMAN, BARBARA N 6104 D. EVERGREEN CIRCLE BRADENTON, FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Barbara Nuffman 6104 Evergreen Circle, Unit 12D Bradenton, FL 34209	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VOGELI, VANCE 6107 EVERGREEN CIR., 10-A BRADENTON, FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Vance Vogeli 6107 Evergreen Circle, Unit 10A Bradenton, FL 34209	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Fiala 6113 Twig Circle, Unit 7C Bradenton, FL 34209	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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: <i>Barbara Nuffman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/25/07 Date Daytime Phone #		