**FILED** 

02-02-2001 90305 013 \*\*\*\*61.25

**DOCUMENT # 761659** 

1. Entity Name

## POINT EAST OFFICE OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1615 EAST VINE STREET KISSIMMEE FL 34744

1615 EAST VINE STREET KISSIMMEE FL 34744

							/8 <b>6</b> 13 81(81 /1816 8)	IBN BIBN BIBN BI	RAL ELBER LEGAL	
2. Principal P	lace of Busine	ess	3. Mailing Address	3. Mailing Address			- I TOOKK IRON DIIDI KUUD OKUN AKKI ANKA ANKA DIAK DIAK BERK ARAK ARAK ARAK ARAK			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
. City & State	<u>ج</u> ہ 9		City & State	City & State			er EO OOFOFOO	- Ar	plied For	
							59-2252569	No	t Applicable	
Žip Country			Zip	Zip Cou		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name	and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent					
					Name					
CIECEL E	BEVERLY M.			Street Address		ress (P.O. Box Numb	s (P.O. Box Number is Not Acceptable)			
	INE STREET			-						
	E FL 32743									
1410011111111	1 02, 40	•					FL	Zip Cod	е	
8. The above named entity submits this statement for the purpose of changing its registere						egistered agent, or bo	oth, in the state of Florida.			
•• ••• •••	married errang	Subtinio tino otatomon	the transport of oranging to		V	ogiotorou again, et au				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
	olgitature, typec t	or printed name or registered at	ренкана вве в аррпсаме. (140 г	L. negisiole	u Agent signature	reduiled witer retrievaling)	DATE		_	
	eu e .	iaw.	O Floriton Compoler	6. Florida Constantin Financia		45.44	Mate Oback	Davabla ta		
	FILE N FEE IS			<ol> <li>Election Campaign Financi Trust Fund Contribution.</li> </ol>		\$5.00 May Be Added to Fees  Make Check Payable to Department of State		l		
	FEE IS	\$61.25				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Departmen	t or otate		
10. OFFICERS AND DIRE			DIRECTORS	CTORS 11.		ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD			TITLI				Change	Addition	
NAME		EL, RONALD A.		NAM	_					
STREET ADDRESS	1615 E VINE ST			ET ADDRESS						
CITY-ST-ZIP	KISSIMMEE FL			-ST-ZIP						
TITLE	STD Delete		TITLI	1			☐ Change	☐ Addition		
NAME STREET ADDRESS		SIEGEL, BEVERLY M. 1615 E. VINE ST.		NAM STRE	ET ADDRESS					
CITY-ST-ZIP		KISSIMMEE FL			-ST-ZIP				· <del></del>	
TITLE	VD	*****		TITLE	:			Change	Addition	
NAME	SIEGEL, BEVERLY M.			NAME						
STREET ADDRESS	1615 E VI			STRE	ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	TITLI				☐ Change	☐ Addition	
NAME				NAM	E					
STREET ADDRESS		•			ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete	TITLE				Change	☐ Addition	
STREET ADDRESS				NAM STRE	ET ADORESS					
CITY-ST-ZIP	5 - •	7	•		-ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	Addition	
NAME				NAM						
STREET ADDRESS				STRE	ET ADDRESS					
CITY-ST-ZIP				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 any 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 dustee 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 impowered.

**SIGNATURE:** 

Feb 02, 2001 8:00 am secretary of State