

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90408 016 \*\*\*\*61.25

<b>DOCUMENT # 767808</b> 1. Entity Name <b>PARK POINTE COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>2328 CONGRESS AVE SUITE A WEST PALM BEACH, FL 33406 US</b>			Mailing Address <b>2328 CONGRESS AVE SUITE A WEST PALM BEACH, FL 33406 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2554905</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LENN, NATALIE C 2300 PALM BEACH LAKES BLVD. SUITE 308 WEST PALM BEACH, FL 33409</b>				7. Name and Address of New Registered Agent Name <b>CUSTOM PROPERTY MANAGEMENT, INC&gt;</b> Street Address (P.O. Box Number is Not Acceptable) <b>2328 S. CONGRESS AVE., SUITE 2A</b> City <b>WEST PALM BEACH</b> <b>FL</b> <b>33406</b>	
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 <i>Jennifer Rogers</i> <b>JENNIFER ROGERS V.P. Admin Services</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDF WHEELER, EDWARD 2328 S CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WHEELER, EDWARD 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD KOSKEY, FRANK 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RACCIO, DOREEN 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VORUDA, ROBERT 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MODLIN, FRED 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD VETRENO, TOM 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LANG, ANTONETTA 2328 S CONGRESS AVE STE 2S WEST PALM BEACH, FL 33406</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>IRVING SHIND 2328 S. CONGRESS AVE, SUITE 2A WEST PALM BEACH, FL 33406</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Frank*  
Date **3/7/08**

Daytime Phone #

ATTACHMENT  
4008 7685

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ANNUAL REPORT**

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PARK POINTE COMMUNITY ASSOCIATION, INC.

2328 S. CONGRESS AVE.  
SUITE 2A  
WEST PALM BEACH, FL  
33406 USA

FEI Number  
59-2554905

**ADDITIONS**

D ☒ Addition  
STONE, LEE  
2328 S. CONGRESS AVE., SUITE 2A  
WEST PALM BEACH, FL 33406