

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769743

FILED
Jan 10, 2006
Secretary of State

Entity Name: POINTE SOUTH TOWNHOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1546
DESTIN, FL 32540

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1546
DESTIN, FL 32540

New Mailing Address:

FEI Number: 59-2351766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBERT, ANDREA J CPA
118 PALMETTO
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOLDSWORTHY, KATHY
Address: 341 TRANSART PARKWAY
City-St-Zip: CANTON, GA 30114

Title: D () Delete
Name: STAFFORD, RICK
Address: 5825 LONG GROVE DRIVE
City-St-Zip: ATLANTA, GA 30328

Title: D () Delete
Name: GOLDWORTHY, BRUCE
Address: 341 TRANSART PKWY
City-St-Zip: CANTON, GA 30114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY GOLDSWORTHY

D

01/10/2006

Electronic Signature of Signing Officer or Director

Date