

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90012 040 ****61.25

DOCUMENT # 769761

1. Entity Name
POINTE WEST RECREATION FACILITY, INC.



Principal Place of Business
12005 PARADISE POINTE WAY
NEW PORT RICHEY, FL 34654

Mailing Address
8249 KRISTEL CIR
PORT RICHEY, FL 34668



02212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2885840

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MICK, JAMIE K
8249 KRISTEL CIR
C/O TAMPA BAY PROPERTY MANAGEMENT
PORT RICHEY, FL 34668

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **Pres S**
NAME **Ann Malerba**
STREET ADDRESS **12110 Sabal Palms Dr**
CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE **TD**
NAME **VISCH, LOIS**
STREET ADDRESS **11530 PAMPAS DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **P**
NAME **RYAN, ANNE MARIE**
STREET ADDRESS **11619 BOYNTON LANE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **VP**
NAME **LARKIN, JUDITH**
STREET ADDRESS **11331 CHERRY WAY**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **VP Finance**
NAME **Sorraine Molyneux**
STREET ADDRESS **11650 Boynton Lane**
CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE **VP**
NAME **Tom Ferguson**
STREET ADDRESS **11805 Sabal Palms Dr.**
CITY-ST-ZIP **New Port Richey, FL 34654**

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IN THIS SPACE**

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:

Lois M. Visch **LOIS M. VISCH**

4/4/08 727 856 2332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40063511
#769761

Additional Names for Pointe West Recreation Facility, Inc.:

D

Michael Scali
11941 Loblolly Pine Dr.
New Port Richey, FL 34654

D

Ed Picard
12023 Bayonet Lane
New Port Richey, FL 34654

D

Bonnie Boblitt
12134 TOURNAMENT VIEW AVE.
New Port Richey, FL 34654

D

Mary Brown
11306 Golf Round Dr.
New Port Richey, FL 34654

D

Jackie Kardos
11732 Aspenwood Dr.
New Port Richey, FL 34654