FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:55

DOCUMENT # **H01492** **(8)**

1. Corporation Name
POINTE WEST RESIDENTS', INC.

Principal Place of Business	Mailing Address
12651 SEMINOLE BLVD. LOT 13-J LARGO FL 34648	12651 SEMINOLE BLVD. LOT 13-J LARGO FL 34648

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/01/1984**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **59-2609489**	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

DAMONTE, JONATHAN JAMES
7800 113TH STREET NORTH
SUITE 206
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MARNIEN, VICTOR L.	1.2 NAME	
STREET ADDRESS	12651 SEMINOLE BLVD.12E	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHMALZ, JOE	2.2 NAME	
STREET ADDRESS	12651 SEMINOLE BLVD. 18-H	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	KENYON, GLADYS	3.2 NAME	
STREET ADDRESS	12651 SEMINOLE BLVD 13-J	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	SHERMAN, BARBARA TAYLOR	4.2 NAME	
STREET ADDRESS	12651 SEMINOLE BLV #18	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CUSATO, SAM	5.2 NAME	
STREET ADDRESS	12651 SEMINOLE BLVD, #5B	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BELL, BOB	6.2 NAME	
STREET ADDRESS	12651 SEMINOLE BLVD, #9M	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Victor L. Marnien Victor L. Marnien, President (813) 584-5751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480070 FP