

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H01492** (8)
1. Corporation Name
POINTE WEST RESIDENTS', INC.

Principal Place of Business 12651 SEMINOLE BLVD. LOT 18-H LARGO FL 34640 33778 US	Mailing Address 12651 SEMINOLE BLVD. LOT 18-H LARGO FL 34640 33778 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12651 Seminole Blvd. Suite, Apt. #, etc. 22 Lot 18H City & State 23 Largo FL 33778 Zip 24 33778 Country 25 US		2a. Mailing Address 26 12651 Seminole Blvd. Suite, Apt. #, etc. 27 Lot 18H City & State 28 Largo FL 33778 Zip 29 33778 Country 30 US		3. Date Incorporated or Qualified 05/01/1984
		4. FEI Number 59-2809489	Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent DAMONTE, JONATHAN JAMES 7800 113TH STREET NORTH SUITE 208 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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINNEY, KEITH	1.2 NAME	
STREET ADDRESS	12651 SEMINOLE BLVD. 18-C	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33778	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, ELLY	3.2 NAME	
STREET ADDRESS	12651 SEMINOLE BLVD. 28	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, BARBARA TAYLOR	4.2 NAME	
STREET ADDRESS	12651 SEMINOLE BLV #10-C	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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:  813-581-7172

CR2E034 (10/97)