


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90564 045 ***150.00

DOCUMENT # H01492

1. Entity Name
POINTE WEST RESIDENTS', INC.



Principal Place of Business
**12651 SEMINOLE BLVD. LOT 9-M
LARGO, FL 33778 US**

Mailing Address
**12651 SEMINOLE BLVD. LOT 9-M
LOT 18-H
LARGO, FL 33778 US**

2. Principal Place of Business
12651 SEMINOLE BLVD.

3. Mailing Address
12651 SEMINOLE BLVD

Suite, Apt. #, etc.
LOT 1-N

City & State
LARGO, FL.

City & State
LARGO, FL.


Zip
33778

Country
US

Zip
33778

Country
US

20036436



04082005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2809489

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when translating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINNEY, KEITH 12651 SEMINOLE BLVD. 18-C LARGO, FL 33778 <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	D SCHMALZ, JOE 12651 SEMINOLE BLVD. 18-H LARGO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOWELL, EDWARD 12651 SEMINOLE BLVD 1-N LARGO, FL 33778 <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	SD SANFORD, ANNE 12651 SEMINOLE BLVD. LOT 9-L LARGO, FL 33778 <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	D CUSATO, SAM 12651 SEMINOLE BLVD, #5B LARGO, FL <input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TOWNSLEY, WALTER 12651 SEMINOLE BLVD. LOT 40-A LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, BOB 12651 SEMINOLE BLVD, #9M LARGO, FL <input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LARGO, FL 33778

12. 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 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 607, 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: **Edward M. Lowell** **EDWARD M. LOWELL**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **April 15, 2005** (727) 589-0344

 Daytime Phone #