

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY 16 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00060 (6)
1. Corporation Name
PIERPOINTE EAST HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
1250 HIATUS ROAD **1250 HIATUS ROAD**
PEMBROKE PINES FL 33026 **PEMBROKE PINES FL 33026**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/28/1983** 3a. Date of Last Report **07/12/1994**
4. FEI Number **59-2355659** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

THOMAS, MARY J.
1080 N. HIATUS RD.
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent
81 Name **JULIANO, LAURA**
82 Street Address (P.O. Box Number is Not Acceptable) **1198 HIATUS RD**
83
84 City **PEMBROKE PINES** FL 85 Zip Code **33026**

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 **LAURA JULIANO, President**

5/9/95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	THOMAS, MARY J.	1080 N. HIATUS RD.	PEMBROKE PINES FL
TD	WALTER, RODNEY	1206 N. HIATUS RD.	PEMBROKE PINES FL
SD	ANATRA, CONNIE R.	1144 N. HIATUS RD.	PEMBROKE PINES FL
VD	NOBILE, JOSEPH	1204 HIATUS ROAD	PEMBROKE PINES FL
D	WILLIAMS, PAM	1202 HIATUS RD.	PEMBROKE PINES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
1.1	JULIANO, LAURA	1198 HIATUS RD	PEMBROKE PINES FL	☒	☐
2.1	WALKER, JOHN	1058 HIATUS RD	PEMBROKE PINES FL	☒	☐
3.1	WILLIAMS, PAM	1202 HIATUS RD	PEMBROKE PINES FL	☒	☐
4.1	ANATRA, CONNIE R	1144 HIATUS RD	PEMBROKE PINES FL	☒	☐
5.1				☐	☐
6.1				☐	☐
7.1				☐	☐

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 110.07(3)(k), 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 recorder or true and lawful empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **LAURA JULIANO**

5/9/95

972-1100 (Ext 210)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)