

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **11/28/1983** 3a. Date of Last Report **05/16/1995**
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**
6. 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 Zip
24 Country 29 Country
25 Country 30 Country

9. Name and Address of Current Registered Agent

JULIANO, LAURA
1198 HIATUS RD
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name **JOHN WALKER**
82 Street Address (P.O. Box Number is Not Acceptable) **1058 HIATUS RD**
83
84 City **PEMBROKE PINES FL** 85 Zip Code **33026**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **JOHN W. WALKER** **1/23/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PB VD	<input type="checkbox"/> DELETE
NAME	JULIANO, LAURA	
STREET ADDRESS	1198 HIATUS RD	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	VD PD	<input type="checkbox"/> DELETE
NAME	WALKER, JOHN	
STREET ADDRESS	1058 HIATUS RD	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, PAM	
STREET ADDRESS	1202 HIATUS RD	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ANATRA, CONNIE R	
STREET ADDRESS	1144 HIATUS RD	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, PAM	
STREET ADDRESS	1202 HIATUS RD.	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JACQUELINE THOMPSON	
STREET ADDRESS	1194 HIATUS RD	
CITY - ST - ZIP	PEMBROKE PINES FL 33026	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 receiver or trustee 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: **Pam Williams** **PAM WILLIAMS** **1/23/96** **435-4627**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)