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FILED  
Mar 03 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

4. FEI Number

59-2355659

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, JOHN  
1058 HIATUS RD.  
PEMBROKE PINES FL 33026

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 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

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 VD ☒ DELETE  
NAME JULIANO, LAURA  
STREET ADDRESS 1198 HIATUS RD  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE PD ☐ DELETE  
NAME WALKER, JOHN  
STREET ADDRESS 1058 HIATUS RD  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE TD ☐ DELETE  
NAME MCCRAKINE, PAM  
STREET ADDRESS 1202 HIATUS RD  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE D ☒ DELETE  
NAME WILLIAMS, PAM  
STREET ADDRESS 1202 HIATUS RD.  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE SD ☐ DELETE  
NAME THOMPSON, JACQUELINE  
STREET ADDRESS 1194 HIATUS RD.  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☐ Change ☒ Addition  
1.2 NAME HAGGERTY, PAT  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP PEMBROKE PINES, FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN W. WALKER 1/27/98 1-800-410-0498

CR2E037 (10/97)