

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00060

1. Entity Name

PIERPOINTE EAST HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90015 028 ****61.25

Principal Place of Business

1250 HIATUS ROAD
PEMBROKE PINES FL 33026

Mailing Address

1250 HIATUS ROAD
PEMBROKE PINES FL 33026-2725

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2355659

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, JOHN
1058 HIATUS RD.
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name **PAMELA MCCRACKINE**

Street Address (P.O. Box Number is Not Acceptable)
1202 HIATUS RD

City **PEMBROKE PINES** FL Zip Code **33026**

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.

SIGNATURE

Pam McCrackine - PRESIDENT

2-12-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **HAGGERTY, PAT**
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 **MCCRACKINE, 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD/TD** ☒ Change ☐ Addition
NAME **MCCRACKINE, PAM**
STREET ADDRESS **1202 HIATUS RD**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **SD** ☒ Change ☐ Addition
NAME **ANATRA, CONNIE**
STREET ADDRESS **1052 HIATUS RD**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **VD** ☐ Change ☒ Addition
NAME **MESSANO, ROSEMARY**
STREET ADDRESS **1220 HIATUS RD**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

Pam McCrackine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/00 9544354627
Date Daytime Phone #

CR2E037 (9/99)