

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00060**

1. Entity Name

**PIERPOINTE EAST HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

**1250 HIATUS ROAD  
PEMBROKE PINES FL 33026**

Mailing Address

**1250 HIATUS ROAD  
PEMBROKE PINES FL 33026**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

7. Name and Address of New Registered Agent

**MCCRACKINE, PAMELA  
1202 HIATUS RD  
PEMBROKE PINES FL 33026**

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	HAGGERTY, PAT	1198 HIATUS RD	PEMBROKE PINES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PDTD	MCCRACKINE, PAM	1202 HIATUS RD	PEMBROKE PINES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	ANATRA, CONNIE	1052 HIATUS RD	PEMBROKE PINES FL 33026	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	MESSANO, ROSEMARY	1220 HIATUS RD	PEMBROKE PINES FL 33026	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90042 023 \*\*\*\*\*61.25

**N00060**

DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)