

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90321 013 \*\*\*\*61.25

**DOCUMENT # N00060**

1. Entity Name  
**PIERPOINTE EAST HOMEOWNERS' ASSOCIATION, INC.**



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

Mailing Address  
**12323 SW 55 ST.  
#1002  
COOPER CITY, FL 33330**

**14013537**



**DO NOT WRITE IN THIS SPACE**

04132004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2355659**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LANDMARK MANAGEMENT SERVICE  
12323 S.W. 55 STREET  
SUITE 1002  
COOPER CITY, FL 33330**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*William Casey* *William Casey*

*4/13/04*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAGGERTY, PAT 1198 HIATUS RD PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTD MCCRACKINE, PAM 1202 HIATUS RD PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANATRA, CONNIE 1052 HIATUS RD PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MESSANO, ROSEMARY 1220 HIATUS RD PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*William Casey* *William Casey*

*4/13/04* *954-680-9545*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #