


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90006 001 \*\*\*\*61.25

<b>DOCUMENT # N00060</b> 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1941 NW 150<sup>TH</sup> AVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>PEMBROKE PINES FL</b>		02152007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2355659	
Zip <b>33028</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name <b>LANDMARK MANAGEMENT SERVICE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1941 NW 150<sup>TH</sup> AVE</b> City <b>PEMBROKE PINES, FL</b> Zip Code <b>33028</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTD MCCRACKINE, PAM 1202 HIATUS RD PEMBROKE PINES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANATRA, CONNIE 1052 HIATUS RD PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MESSANO, ROSEMARY 1220 HIATUS RD PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIANO, LAURA 1198 M HIATUS RD. PEMBORKE PINES, FL 33025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BERGMAN</b> BERGAMN, JOAN 1086 N. HIATUS RD PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, LONNIE 1056 N. HIATUS RD. PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Kam McCrackine</b>			<b>2/25/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
PRESIDENT			Daytime Phone #		

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