FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 16 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00061 (4)

1. Corporation Name

PIERPOINTE EAST CONDOMINIUM ONE ASSOCIATION, INC

Principal Place of Business	Mailing Address
1250 HIATUS RD. PEMBROKE PINES FL 33026	1250 HIATUS RD. PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1983
3a. Date of Last Report: 07/07/1994
4. FEI Number: 59-2355655 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

THOMAS, MARY J
1080 N. HIATUS RD.
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name: JULIANO, LAURA
82 Street Address (P.O. Box Number is Not Acceptable): 1198 HIATUS RD
83
84 City: PEMBROKE PINES FL 85 Zip Code: 33026

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: LAURA JULIANO, President — 5/9/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	11 TITLE	PD	☒ Change ☐ Addition
NAME	NOBILE, JOE	12 NAME	JULIANO, LAURA	
STREET ADDRESS	1204 HIATUS ROAD	13 STREET ADDRESS	1198 HIATUS RD	
CITY-ST-ZIP	PEMBROKE PINES FL	14 CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	21 TITLE	VD	☒ Change ☐ Addition
NAME	ANATRA, CONNIE R	22 NAME	WALKER, JOHN	
STREET ADDRESS	1144 N. HIATUS RD.	23 STREET ADDRESS	1058 HIATUS RD	
CITY-ST-ZIP	PEMBROKE PINES FL	24 CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	WALTER, RODNEY	32 NAME	WILLIAMS, PAM	
STREET ADDRESS	1206 N. HIATUS RD.	33 STREET ADDRESS	1202 HIATUS RD	
CITY-ST-ZIP	PEMBROKE PINES FL	34 CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	41 TITLE	SD	☐ Change ☒ Addition
NAME	WILLIAMS, PAM	42 NAME	ANATRA, CONNIE R	
STREET ADDRESS	1202 HIATUS RD.	43 STREET ADDRESS	1144 HIATUS RD	
CITY-ST-ZIP	PEMBROKE PINES FL	44 CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: LAURA JULIANO — 5/9/95 — 972-1100 (Ext 210)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038680