## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED Apr 19, 2004 8:00 am Secretary of State

1. Entity Nar	MENT # N01000001  A POINTE RECREATION A				0.	4-19-2004	90237 004 **	**61	.25
C/O INTERGRATED PROPERTY MGMT C/O 3435 10TH STREET N. #201 343			/O INTERGRATED PROPERTY MGMT 435 10TH STREET N. #201		 	<b>                                  </b>	540		
2. Principal Place of Business 3. Mai		3. Mailing Address	ling Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04062004 C	hg-NP	CR2E037 (10	0/03)	
City & State		City & State	City & State		4. FEI Number 65-11539	13		_	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired			ditional
	6. Name and Address of Current	Registered Agent			I —7,-Name and Add	iress of New	Registered Agent		
			Name						
SHIELDS, CHRISTOPHER J 1833 HENDRY STREET PO BOX DRAWER 1507 FORT MYERS, FL 33902			Street /	Street Address (P.O. Box Number is Not Acceptable)					
			City			•••	FL Z	ip Coc	le
8 The above	e named entity submits this statement for	the nurnose of changing its	registered office of	r ragietor	ad agent or both in	the State of F	<u> </u>	se with	and accont
SIGNATURE	Signature, typed or printed name of registered agent a	αι ε  <i>ε</i>	E: Registered Agent signs				DATE		
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Car Trust Fund (	npaign Financing Contribution,		\$5.00 May Be Added to Fees Florida Department of State				
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFIC	ERS AND DIRECT	ORS IN	10
TITLE	PD	Delete	TITLE	m			<i>a</i>	hange	Addition
NAME	GREENWOOD, ALFRED		NAME	are	red tree	whore	# 301		
STREET ADDRESS CITY-ST-ZIP	23520 WISTERIA POINTE DR. BONITA SPRINGS, FL		STREET ADDRESS	7.3.5	ita Sprin	. A. Cl	200		saue
	STD STD		CITY-ST-ZIP	pon	na spour	~ 112			
TITLE NAME	LANTZY, EARL	☐ Delete	TITLE NAME					hange	☐ Addition
STREET ADDRESS	23530 WISTERIA POINTE DR.		STREET ADDRESS						
CITY-ST-ZIP	BONITA SPRINGS, FL		CITY-ST-ZIP						
TITLE "2	VD	Delete -	~ TITLE ~	1			c	hande	Addition
NAME	GLICK, JOHN JR	<b>—</b> 50.00	NAME					, Lingo	Addition
STREET ADORESS	23570 WISTERIA POINT DR		STREET ADDRESS						
CITY-ST-ZIP	BONITA SPRINGS, FL		CITY-\$T-ZIP	]					
TITLE	D	☐ Delete	TITLE				C	hange	☐ Addition
NAME	HALL, CHRISTINE		NAME						
STREET ADDRESS CITY-ST-ZIP	23560 WISTERIAL POINTE DR. BONITA SPRINGS, FL		STREET ADDRESS						
	BONTA SPRINGS, FL		CITY-ST-ZIP	-					
TITLE NAME		☐ Delete	TITLE NAME				□ C	hange	☐ Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		. Delete	TITLE	-				hange	Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239 249-0999