

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90087 015 ****61.25

DOCUMENT # N01000002081 1. Entity Name THE VILLAS AT POINTE WEST PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 1999 POINTE WEST DR VERO BEACH, FL 32966			Mailing Address 1999 POINTE WEST DR VERO BEACH, FL 32966		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0564964	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MELCHIORI, STEVE 1999 POINTE WEST DR. VERO BEACH, FL 32966			Name 12 -- 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MECHLING, CHARLES R 1999 POINTE WEST DR VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ralph Carneseccchi 1445 79th Avenue Vero Beach, FL 32910	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MELCHIORI, STEVE 1999 POINTE WEST DR VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary - VP John Kinney 7550 15th Lane Vero Beach, FL 32910	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HATCH, IRA 1999 POINTE WEST DR. VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jerry Strother 7650 15th Street Vero Beach, FL 32910	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>John Kinney</u> <u>JOHN KINNEY</u> 4/10/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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