

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001540

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** SAILPOINTE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O THE CONTINENTAL GROUP, INC  
5805 BLUE LAGOON DRIVE SUITE 310  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O THE CONTINENTAL GROUP, INC  
5805 BLUE LAGOON DRIVE SUITE 310  
MIAMI, FL 33126 US

**New Mailing Address:**

**FEI Number:** 06-1684853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KLITE TRUPPMAN, HAROLD B ESQ.  
28 WEST FLAGLER STREET  
SUITE 201  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MENDEZ, FELIX JR.  
Address: P.O. BOX 144122  
City-St-Zip: CORAL GABLES, FL 33114

Title: T  
Name: WANKE, MICHAEL .  
Address: 7110 SW 158 CT.  
City-St-Zip: MIAMI, FL 33193

Title: S  
Name: DE OLIVEIRA, MAYRA  
Address: 15865 SW 69 ST.  
City-St-Zip: MIAMI, FL 33193

Title: D  
Name: LOSA, MARISEL  
Address: 15862 SW 71 ST  
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DARNELLY OCAMPO TCG

CAM

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date