

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90005 017 ****61.25

DOCUMENT # N04000003188					
1. Entity Name POINTE WEST CENTRAL VILLAGE TOWNHOUSE ASSOCIATION, INC.					
Principal Place of Business 9102 SOUTH PARK CENTER LOOP SUITE 200 ORLANDO, FL 32819			Mailing Address 9102 SOUTH PARK CENTER LOOP SUITE 200 ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02182008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-4764105	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Zip	
Country		Country		6. Name and Address of Current Registered Agent COOKSON, SCOTT A 9102 SOUTH PARK CENTER LOOP SUITE 200 ORLANDO, FL 32819	
7. Name and Address of New Registered Agent Name: <u>Vista Properties MGMT. INC</u> Street Address (P.O. Box Number is Not Acceptable): <u>100 Vista Royale Blvd</u> City: <u>Vero Beach</u> FL Zip Code: <u>32962</u>		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: <u>[Signature]</u> <u>Steve Schnitzer MGT.</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE:			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME CAMP, JEREMY STREET ADDRESS 9102 S. PARK CENTER LOOP #200 CITY-ST-ZIP ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete		TITLE P NAME RENEE WALKUP STREET ADDRESS 1587 PAR COURT CITY-ST-ZIP VERO BEACH FL 32966	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CONHERD, BRAD STREET ADDRESS 9122 S. PARK CENTER LOOP #200 CITY-ST-ZIP ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete		TITLE T NAME LINDA MILLER STREET ADDRESS 7542 14TH LANE CITY-ST-ZIP VERO BEACH FL 32966	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME INGLS, JIM STREET ADDRESS 9102 S. PARK CENTER LOOPE #200 CITY-ST-ZIP ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete		TITLE S NAME HEATH VANFLEET STREET ADDRESS 1564 PAR CT CITY-ST-ZIP VERO BEACH FL 32966	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME RICHARD TUIEN STREET ADDRESS 7522 MYSTERS LANE CITY-ST-ZIP VERO BEACH FL 32966	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME FABRICIO PUENO STREET ADDRESS 7522 MYSTERS LANE CITY-ST-ZIP VERO BEACH FL 32966	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME ORANDON COMPEAU STREET ADDRESS 1587 PAR COURT CITY-ST-ZIP VERO BEACH FL 32966	<input type="checkbox"/> Change <input checked="" 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: <u>[Signature]</u> <u>Treasurer</u> <u>3/6/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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