


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90077 016 ****61.25

DOCUMENT # N04000010254			
1. Entity Name POINTE EAST HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 1690 RAYMOND DIEHL ROAD SUITE C6 TALLAHASSEE FL 32308		Mailing Address 1690 RAYMOND DIEHL ROAD SUITE C6 TALLAHASSEE FL 32308	
2. Principal Place of Business 2573 Barrington Circle		3. Mailing Address c/o Carol Trescott	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1700 N. Monroe, Ste 11-288	
City & State Tallahassee FL		City & State Tallahassee FL	
Zip 32308	Country LEON	Zip 32303	Country LEON
6. Name and Address of Current Registered Agent RUSSELL, DIXIE L 1690 RAYMOND DIEHL ROAD SUITE C6 TALLAHASSEE FL 32308		7. Name and Address of New Registered Agent Name CAROL TRES Street Address (P.O. Box Number is Not Acceptable) 1700 N. Monroe, Ste 11-288 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 Dixie L. Russell DATE 4-28-04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSELL, DIXIE L 1690 RAYMOND DIEHL ROAD #C6 TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MATHIS, NORMA J 8086 RONS POINTE COURT TALLAHASSEE FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERKINS, THOMAS J 2009 MAHAN DRIVE TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Dixie L. Russell		Date 4-4-05 Daytime Phone # 850-385-4646	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			