

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # N05000005741

1. Entity Name

THE CLUB AT POINTE WEST, INC.



Principal Place of Business

1999 POINTE WEST DRIVE
VERO BEACH, FL 32966

Mailing Address

1999 POINTE WEST DRIVE
VERO BEACH, FL 32966



04302007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2947394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MECHLING, CHARLES R
1999 POINTE WEST DRIVE
VERO BEACH, FL 32966

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MECHLING, CHARLES R
STREET ADDRESS 1999 POINTE WEST DRIVE
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE D
NAME MELCHIORI, STEPHEN R
STREET ADDRESS 1999 POINTE WEST DRIVE
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE VPST
NAME JONES, THOMAS
STREET ADDRESS 1999 POINTE WEST DRIVE
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE D
NAME JONES, THOMAS
STREET ADDRESS 1999 POINTE WEST DRIVE
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000761722
05/25/07-80067-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles R. Mechling Charles R. Mechling 5/1/07 772 794 9912