


Pierpointe Master Association, Inc.

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-17-2008 90161 001 *5,818.75
N05370

| | |
|--|---|
| DOCUMENT # N05370 |  |
| 1. Entity Name PIERPOINTE MASTER ASSOCIATION, INC. | |

FILED
08 APR 29 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66007116



| | |
|---|--|
| Principal Place of Business 11900 A NW 11TH ST PEMBROKE PINES, FL 33026 | Mailing Address C/O CASTLE GROUP P.O. BOX 559009 FORT LAUDERDALE, FL 33355-9009 |
|---|--|

| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

02132008 Chg-NP CR2E037 (12/06)

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|-----------------------------|--|
| 4. FEI Number 59-2452130 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| BECKER & POLIAKOFF 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312 | |

| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

**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 | | <input type="checkbox"/> Delete |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD COLTON, BEVANE 12023 NW 13 ST PEMBROKE PINES, FL 33026 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HERNANDEZ, JANIS 12022 NW 13 ST PEMBROKE PINES, FL 33026 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MARINO, PHYLLIS 11543 SW 4 TH PEMBROKE PINES, FL 33028 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KOSOY, MORTY 11973 NW 11TH ST. PEMBROKE PINES, FL 33028 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARRIGALLI, VINCENT 1141 NW 10TH STREET PEMBROKE PINES, FL 33026 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BECK, SHARON 11821 NW 13TH STREET PEMBROKE PINES, FL 33026 | <input type="checkbox"/> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

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: Janis Hernandez Pres. 3-27-08 957-441-9693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #