

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90049 029 \*\*\*\*61.25

<b>DOCUMENT # N06000002137</b>					
<b>1. Entity Name</b> THE POINTE AT MIDDLE RIVER CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1275 GATEWAY BLVD BOYNTON BEACH, FL 33426			<b>Mailing Address</b> 1275 GATEWAY BLVD BOYNTON BEACH, FL 33426		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 51-056 8885	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KELLY, TIMOTHY R 1275 GATEWAY BLVD BOYNTON BEACH, FL 33426			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> KELLY, TIMOTHY R		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	1275 GATEWAY BLVD		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	BOYNTON BEACH, FL 33426		<b>CITY-ST-ZIP</b>		
<b>TITLE</b> VPT	<b>NAME</b> LILLER, STEPHEN B		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	1275 GATEWAY BLVD		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	BOYNTON BEACH, FL 33426		<b>CITY-ST-ZIP</b>		
<b>TITLE</b> SD	<b>NAME</b> PLATT, RONALD L		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	1275 GATEWAY BLVD		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	BOYNTON BEACH, FL 33426		<b>CITY-ST-ZIP</b>		
<b>TITLE</b> D	<b>NAME</b> LILLER, STEVEN B		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	1275 GATEWAY BLVD		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	BOYNTON BEACH, FL 33426		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>			<b>TITLE</b>		
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>			<b>TITLE</b>		
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Timothy R. Kelly, President</i> 2/6/07 561-364-3300					