

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-20-2007 90058 030 ****61.25

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DOCUMENT # N07659 1. Entity Name SEA POINTE TOWERS OF FORT PIERCE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 801 SO. OCEAN DR. #101 FT. PIERCE, FL 34949				Mailing Address 801 SO. OCEAN DR. #101 FT. PIERCE, FL 34949	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2499739	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOLDMAN, ESQ., ROBERT A 3473 SOUTHEAST WILLOUGHBY BLVD. STUART, FL 34994				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	S. GLANS, ANASTASIA <input type="checkbox"/> Delete			TITLE	T. GLANS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	801 S OCEAN DR #101			NAME	STICKELEther, GRAHAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	FT PIERCE, FL 34949			STREET ADDRESS	STICKELEther, GRAHAM
CITY-ST-ZIP	FT PIERCE, FL 34949			CITY-ST-ZIP	
TITLE	T. STICKELEther, GRAHAM <input type="checkbox"/> Delete			TITLE	
NAME	801 S OCEAN DR #101			NAME	
STREET ADDRESS	FT PIERCE, FL 34949			STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 34949			CITY-ST-ZIP	
TITLE	P. ROSENTHAL, PHILIP L <input type="checkbox"/> Delete			TITLE	
NAME	801 S OCEAN DR #101			NAME	
STREET ADDRESS	FORT PIERCE, FL 34949			STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34949			CITY-ST-ZIP	
TITLE	D. HEIFETZ, ALLEN <input type="checkbox"/> Delete			TITLE	
NAME	801 S OCEAN DR #101			NAME	
STREET ADDRESS	FT. PIERCE, FL 34949			STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE, FL 34949			CITY-ST-ZIP	
TITLE	VP ENGLERT, JOHN <input type="checkbox"/> Delete			TITLE	
NAME	801 S. OCEAN DR #101			NAME	
STREET ADDRESS	FORT PIERCE, FL 34949			STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34949			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 				2-24-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	