2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N08289

IGNATURE:

FILED Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90552 001 ****61.25

395-2610

	ne R POINTE COMMERCIAL C ATION, INC.							
Principal Place of Business 1633 PERIWINKLE WAY SANIBEL, FL 33957		Mailing Address 1633 PERIWINKLE WAY SANIBEL, FL 33957		! (\$\$) 6) bi \$8(6)	20035700			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02232005 C	hg-NP CR	2E037 (10/03)		
City & State		City & State		4. FEI Number 59-278135	55		plied For at Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	<u> </u>	`Name	7. Name and Add	ress of New Registe	ered Agent		
1633 PER	MOTHY S RENCY IWINKLE WAY SNITE (FL 33957	a.			(P.O. Box Number is Not Acceptable)			
,			City			FL Zip Code	e	
	e named entity submits this statement for tragistered agent. Signature, hyped or printed name of registered agent. Filling Fee is \$61.25	and title if applicable (NOTE	:: Registered Agent signature	required when reinstating) \$5.00 May Be	3/1.	heck payable to		
10.	Due by May 1, 2005 OFFICERS AND DI	Trust Fund C	contribution.	Added to Fees ADDITIONS/CHANG		DIRECTORS IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. ROGUSKA, BRENDA 1633 PERIWINKLE WAY SANIBEL, FL 33957	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/GITATO	EG TO GETTOLITO AN	Change Change	Addition	
NAME STREET ADDRESS	STD MURTY, PATRICIA J 1633 PERIWINKLE WAY SANIBEL, FL 33957	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
.T ADDRESS	VD BURDEN, JOHN PO BOX 1131 SANIBEL, FL 33957	Æ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURY VASA-ATTA S 1633 PERI WI STAMMBEL	encrat NKIE WAY FI 33	Suite B.	Addition	
: Ft address -St-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	Change	☐ Addition	
E ET ADDRESS - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		٠.	☐ Change	☐ Addition	
E KE EET ADDRESS (-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
. I hereby of indicated of the cor changed.	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp , or on an attachment with an address.	n this filing does not qualify for s true and accurate and that m owered to execute this report with all other fixe-empowered.	the exemption stated by signature shall have as required by Chap	d in Section 119.07(3)(i), Flore the same legal effect as ter 617, Florida Statutes; an	orida Statutes. I furthe if made under oath; the id that my name appe	er certify that the in nat I am an officer ears in Block 10 or	nformation or director Block 11 if	

HMENT

Check Number: · Check Date: R POINT CONDOMINIUM ASSOCIATION ACCOUNT X * SUITE G * SANIBEL, FL 33957

Dept of State

\$61.25 Check Amount:

Mar 16, 200**2341**

2341

Amount Paid Discount Taken

. Description

ALONG WITH ANDTHER CHEEK. THEY WILL REFUND KATHY @ DIV OF CORP 5410 to RESUBUIT THEN 850-245-6056 #4 IF THE OPIGINAL ARCAIVES 850-245-6051, 4/14/05 TO VORIFY (RECEIPT CALLED