

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # N08408

1. Entity Name
NICHOLAS POINTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
320 WEST BEARSS AVE.
TAMPA, FL 33613

Mailing Address
320 WEST BEARSS AVE.
TAMPA, FL 33613



04152008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2674568

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PULLARO, NICK
320 W. BEARSS AVE.
TAMPA, FL 33613

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000904388

05/01/08 20010 023 01-25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NORMAN, BILL
STREET ADDRESS 324 W. BEARSS AVE
CITY-ST-ZIP TAMPA, FL 33613

TITLE DV
NAME WEISS, MARK
STREET ADDRESS 322 W. BEARSS AVE
CITY-ST-ZIP TAMPA, FL 33613

TITLE DS
NAME SUTTON, SUSAN
STREET ADDRESS 322 W. BEARSS AVE
CITY-ST-ZIP TAMPA, FL 33613

TITLE TD
NAME HANKE, DOUGLAS
STREET ADDRESS 330 W BEARSS AVENUE
CITY-ST-ZIP TAMPA, FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/15/08

013-961-5926