2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N11891

Entity Name: PARK POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4350 SW 59 AVE
BLDG A
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4350 SW 59 AVE
BLDG A
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-0324581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NACHMAN, IRVIN W
4441 STIRLING RD
FT LAUDERDALE, FL 33314 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WHIGHAM, EARTHA	
Address:	3911 SW 52 AVE BLDG 3 APT 1	
City-St-Zip:	PEMBROKE PINES, FL 33023	
Title:	DV	( ) Delete
Name:	JENKINS, ROBERT	
Address:	3911 SW 52 AVE BLDG 3 APT 2	
City-St-Zip:	PEMBROKE PINES, FL 33023	
Title:	SDT	( ) Delete
Name:	BROWN, MARC	
Address:	3911 SW 52 AVE BLDG 5 APT 5	
City-St-Zip:	PEMBROKE PINES, FL 33023	
Title:	D	( ) Delete
Name:	BAILEY, DELOY	
Address:	3911 SW 52 AVE BLDG 5 APT 2	
City-St-Zip:	PEMBROKE PINES, FL 33023	
Title:	D	(X) Delete
Name:	LAWRENCE, MAXINE	
Address:	3911 W 52 AVE BLDG 2, APT 6	
City-St-Zip:	PEMBROKE PARK, FL 33023	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	LAWRENCE, MAXINE	
Address:	3911 W 52 AVE. BLDG 2 APT 6	
City-St-Zip:	PEMBROKE PINES, FL 33023	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARTHA WHIGHAM PD 02/17/2009

Electronic Signature of Signing Officer or Director — Date