

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18877

FILED  
Mar 24, 2011  
Secretary of State

**Entity Name:** PARK POINTE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3394 LUCERNE PK DR  
GREENACRES, FL 334672027 US

**New Principal Place of Business:**

3394 LUCERNE PARK DR  
GREENACRES, FL 334672027 US

**Current Mailing Address:**

3394 LUCERNE PK DR  
GREENACRES, FL 334672027 US

**New Mailing Address:**

3394 LUCERNE PARK DR  
GREENACRES, FL 334672027 US

**FEI Number:** 65-0305921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIREKTOR, KENNETH S  
500 AUSTRALIAN AVE SOUTH  
9TH FLOOR  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

DAVIS, LEIANN S  
4010 SOUTH 57TH AVENUE  
SUITE 104A  
LAKE WORTH, FL 33463 US

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: LEIANN S. DAVIS

03/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P D  
Name: PASQUALE, MICHAEL  
Address: 3354 LUCERNE PARK DRIVE  
City-St-Zip: GREEN ACRES, FL 33467

Title: VP D  
Name: FUNT, HERMAN  
Address: 3315 LUCERNE PARK DRIVE  
City-St-Zip: GREEN ACRES, FL 33467

Title: ST D  
Name: PODBIELSKI, NINA  
Address: 3346 PERIMETER DRIVE  
City-St-Zip: GREENACRES, FL 33467

Title: D  
Name: BERGERON, BARBARA  
Address: 3374 PERIMETER DRIVE BLDG 11  
City-St-Zip: GREENACRES, FL 33467

Title: D  
Name: MART, HILDA  
Address: 3359 LUCERNE PARK DRIVE  
City-St-Zip: GREENACRES, FL 33467

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL PASQUALE

P D

03/24/2011

Electronic Signature of Signing Officer or Director

Date