

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90016 041 \*\*\*\*61.25

**DOCUMENT # N20283**

1. Entity Name

**PIERPOINTE FIVE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

**12075 NW 11 ST  
PEMPROKE PINES FL 33026**

Mailing Address

**12075 NW 11 ST  
PEMPROKE PINES FL 33026**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2794356**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER AND POLIAKOFF, P.A.  
311 STIRLING RD.  
FORT LAUDERDALE FL 33312**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

T  
NAME KOSOY, NORTY  
STREET ADDRESS 11973 NW 11 ST  
CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Delete

PD  
NAME WHITTIER, MARGARET  
STREET ADDRESS 12044 NW 11 ST  
CITY-ST-ZIP PEMBROKE PINES FL 33026 ☒ Delete

~~PD~~  
NAME RUSSO, DAN  
STREET ADDRESS 11972 NW 11 ST  
CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Delete

☐ Delete

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

VPD  
NAME AMY NAPLES  
STREET ADDRESS 11940 NW 11 ST  
CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Change ☒ Addition

VPD  
NAME DELORES JONES  
STREET ADDRESS 11943 NW 11 ST  
CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Change ☒ Addition

SD  
NAME ALICE MATTHEWS  
STREET ADDRESS 11896 NW 11 ST  
CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*

*THOMAS*

*3/17/06*

*2541750103*