
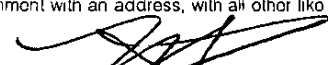


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 08:00 AM
Secretary of State

| | | | | | |
|---|--|--|---|---|--|
| 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 - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 59-2794356 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent BECKER AND POLIAKOFF, P.A. 311 STIRLING RD. FORT LAUDERDALE FL 33312 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | T KOSOY, NORTY 11973 NW 11 ST PEMBROKE PINES FL 33026 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | VPD NAPLES, AMY 12040 NW 11 ST PEMBROKE PINES FL 33026 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PD RUSSO, DAN 11972 NW 11 ST PEMBROKE PINES FL 33026 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | VPD JONES, DELORES 11943 NW 11 ST PEMBROKE PINES FL 33026 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | SD MATTHEWS, ALICE 11896 NW 11 ST PEMBROKE PINES FL 33026 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  M. KOSOY, DIR. 3/9/07 | | | | | |