


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90186 046 ****61.25

DOCUMENT # N25638 1. Entity Name POINTE BOCILLA PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 7025-A PLACIDA ROAD ENGLEWOOD, FL 34224 US			Mailing Address 7025-A PLACIDA ROAD ENGLEWOOD, FL 34224 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0136553	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NODEN, R. CRAIG 7025-A PLACIDA RD ENGLEWOOD, FL 34224				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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	PD NODEN, R. CRAIG 7025-A PLACIDA RD ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete	TITLE	GORDON, James D. 7025-A PLACIDA Rd. ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINS, GARY 7025-A PLACIDA RD. ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete	NAME	DYER, Greg 7025-A PLACIDA Rd ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PETERSON, CAROL 7025-A PLACIDA RD. ENGLEWOOD, FL	<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	COHEN, DAVID 7025-A PLACIDA RD. ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D DEJULIO, BARBARA 7025-A PLACIDA RD ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-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 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: <u>James D Gordon Jr.</u> James D Gordon 4/9/07 941 697-5848 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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