


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90013 046 ****61.25

DOCUMENT # N26129	
1. Entity Name PIERPOINTE FIVE, CONDOMINIUM II ASSOCIATION, INC.	

Principal Place of Business 11900-B NW 11TH ST PEMBROKE PINES FL 33026	Mailing Address 11900-B NW 11TH ST PEMBROKE PINES FL 33026
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent BECKER, POLIAKOFF & STREITFELD, P.A. 3111 STIRLING ROAD FT. LAUDERDALE FL 33312	
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4. FEI Number 59-2933062	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOSOY, MORTY 11973 NW 11TH ST PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOCKETT, MELODY 12034 NW 11 ST HOLLYWOOD FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORPE, DAVID 11963 NW 11 ST PEMBROKE PINES FL 33026 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARLENE RODRIGUEZ 11951 NW 11 ST PEMBROKE PINES FL 33026 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NAPLES, AMY 12040 NW 11 ST PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHWARTZER, JEFF 12054 NW 11 ST HOLLYWOOD FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: MORTY KOSOY 4/4/08