

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26129

FILED
Jan 19, 2009
Secretary of State

Entity Name: PIERPOINTE FIVE, CONDOMINIUM II ASSOCIATION, INC.

Current Principal Place of Business:

11900-B NW 11TH ST
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

11900-B NW 11TH ST
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 59-2933062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER, POLIAKOFF & STREITFELD, P.A.
3111 STIRLING ROAD
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOSOY, MORTY,
Address: 11973 NW 11TH ST
City-St-Zip: PEMBROKE PINES, FL

Title: SD () Delete
Name: LOCKETT, MELODY
Address: 12034 NW 11 ST
City-St-Zip: HOLLYWOOD, FL 33026

Title: D () Delete
Name: RODRIGUEZ, ARLENE
Address: 11951 NW 11 ST.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VPD () Delete
Name: NAPLES, AMY
Address: 12040 NW 11 ST
City-St-Zip: PEMBROKE PINES, FL

Title: TD () Delete
Name: SCHWARTZER, JEFF
Address: 12054 NW 11 ST
City-St-Zip: HOLLYWOOD, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MORTY KOSOY

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date