

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90078 030 ****61.25

DOCUMENT # N27860 1. Entity Name SEA POINTE TOWERS OF FORT PIERCE PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business ADVANTAGE PROPERTY MGMT 1274 NE BUSINESS PARK PL JENSEN BEACH, FL 34957 US		Mailing Address PO BOX 65 JENSEN BEACH, FL 34958 US	
2. Principal Place of Business <i>1111 SE Federal Hwy</i> Suite, Apt. #, etc. <i>Suite 100</i> City & State <i>Stuart, FL</i> Zip <i>34994</i>		3. Mailing Address <i>1111 SE Federal Hwy</i> Suite, Apt. #, etc. <i>Suite 100</i> City & State <i>Stuart, FL</i> Zip <i>34994</i>	
4. FEI Number 59-2499739		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORTE, LORRAINE 274 NE BUSINESS PARK PLACE JENSEN BEACH, FL 34957		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1111 SE Federal Hwy</i> <i>Suite 100</i> City <i>Stuart</i> FL Zip Code <i>34994</i>	
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 <i>Lorraine Forte</i> 4/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD ROSENTHAL, PHILIP 801 S OCEAN DRIVE # 1006 FT. PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD WALKER, THOMAS 801 S. OCEAN Dr. # 403 FT PIERCE, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD ARCHER, GORDON 801 S OCEAN DRIVE # 606 FT PIERCE, FL 34949	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WEST, HUGH 801 S OCEAN DR #306 FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TD MILLER, EUGENE 801 S. OCEAN Dr. # 310 FT. PIERCE, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD DANIELS, EVA 801 S OCEAN DR #810 FT. PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD SCHMITT, GERARD 801 S OCEAN DR #101 FT PIERCE, 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 	<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 exemption stated in Section 119.07(3)(i), 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: <i>Gerard J Schmitt</i> 02/01/05 772 465 9461 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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