

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

DOCUMENT # N31569

1. Entity Name

THE POINTE CLUB CONDOMINIUM ASSOCIATION, INC.



FILED
Feb 16, 2007 08:00 AM
Secretary of State

Principal Place of Business

1945 ABBEY ROAD, N-101
WEST PALM BEACH FL 33415

Mailing Address

1945 ABBEY ROAD, N-101
WEST PALM BEACH FL 33415



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0208542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETTY, LYNETTE
1945 ABBEY ROAD, N-101
WEST PALM BEACH FL 33415

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Lynette J. Petty

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete
NAME: ANGLISANO, MARC
STREET ADDRESS: 5184 PINE ABBEY DR SOUTH
CITY-STATE-ZIP: WEST PALM BEACH FL 33415

TITLE: VP ☐ Delete
NAME: LOPEZ, JOSE
STREET ADDRESS: 1945 ABBEY RD N-201
CITY-STATE-ZIP: WEST PALM BEACH FL 33415

TITLE: TS ☐ Delete
NAME: PETTY, LYNETTE
STREET ADDRESS: 1945 ABBEY RD., N-101
CITY-STATE-ZIP: WEST PALM BEACH FL 33415

TITLE: T ☐ Delete
NAME: PETTY, LYNETTE
STREET ADDRESS: 1945 ABBEY RD., N-101
CITY-STATE-ZIP: WEST PALM BEACH FL 33415

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: 000000638841
CITY-STATE-ZIP: 02/27/07-80046-021 61.25

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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:

Lynette J. Petty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07 (561)434-0734

Date Telephone #