

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

30 MAY -1 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT, 1995

 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N32333** (9)
 1. Corporation Name
PIERPOINTE FIVE, CONDOMINIUM III ASSOCIATION, IN C.

Principal Place of Business Mailing Address
11900-C NW 11TH STREET **11900-C NW 11TH STREET**
PEMBROKE PINES FL 33026 **PEMBROKE PINES FL 33026**

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified **05/16/1989** 3a. Date of Last Report **04/29/1994**
 4. FEI Number **65-0199544** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HIRSCH, ELLEN G., ESO
BECKER, POLIAKOFF & STREITFELD, P.A.
3111 STIRLING ROAD
FT LAUD FL 33312

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANFORD, PEG
STREET ADDRESS	11900-C NW 11TH ST
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	VD
NAME	PEREZ, ADAM
STREET ADDRESS	11900-C NW 11TH ST
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	TD
NAME	HEYWOOD, CATHERINE
STREET ADDRESS	11900-C NW 11TH ST
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	ATD
NAME	KOENIG, ANNA
STREET ADDRESS	11900-C NW 11TH ST
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	SD
NAME	BARILE, TERESA
STREET ADDRESS	11900-C NW 11TH ST
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Glenn A. Belson
13 STREET ADDRESS	11900-C N.W. 11th Street
14 CITY - ST - ZIP	Pembroke Pines, FL
21 TITLE	Vice President VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Lori Druck
23 STREET ADDRESS	11900-C N.W. 11th Street
24 CITY - ST - ZIP	Pembroke Pines, FL
31 TITLE	Treasurer TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Vicki M. Belson
33 STREET ADDRESS	11900-C N.W. 11th Street
34 CITY - ST - ZIP	Pembroke Pines, FL
41 TITLE	Asst. Treasurer ATD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Adam Perez
43 STREET ADDRESS	11900-C N.W. 11th Street
44 CITY - ST - ZIP	Pembroke Pines, FL
51 TITLE	Secretary SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Mary Rita Bradley
53 STREET ADDRESS	11900-C N.W. 11th Street
54 CITY - ST - ZIP	Pembroke Pines, FL
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Glenn A. Belson* 4/17/95 705 863 6664
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)