

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 05/16/1989
3a. Date of Last Report: 05/01/1995

| | | | | | | | |
|----|--------------------------------|---------------------|----|--|--------------------------|--------------------------------|----------------|
| 21 | 2. Principal Place of Business | 2a. Mailing Address | 26 | 4. FEI Number | 65-0199544 | Applied For | Not Applicable |
| 22 | Suite, Apt. #, etc. | Suite, Apt. #, etc. | 27 | 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 23 | City & State | City & State | 28 | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 24 | Zip | Country | 25 | 29 | Zip | Country | 30 |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIRSCH, ELLEN G., ESQ
BECKER, POLIAKOFF & STREITFELD, P.A.
3111 STIRLING ROAD
FT LAUD FL 33312

| | | |
|----|--|----|
| 81 | Name | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | |
| 84 | City | FL |
| 85 | Zip Code | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BELSON, GLENN A | 1.2 NAME | DOROTHY KALIN |
| STREET ADDRESS | 11900-C NW 11TH ST | 1.3 STREET ADDRESS | 11900-C NW 11TH ST |
| CITY-ST-ZIP | PEMBROKE PINES FL | 1.4 CITY-ST-ZIP | PEMBROKE PINES FL |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DRUCK, LORI | 2.2 NAME | SHIRLEY A VEIRA |
| STREET ADDRESS | 11900-C NW 11TH ST | 2.3 STREET ADDRESS | 11900-C NW 11TH ST |
| CITY-ST-ZIP | PEMBROKE PINES FL | 2.4 CITY-ST-ZIP | PEMBROKE PINES FL |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | FL TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BELSON, VICKIE M | 3.2 NAME | RITA STRANKO |
| STREET ADDRESS | 11900-C NW 11TH ST | 3.3 STREET ADDRESS | 11900-C NW 11TH ST |
| CITY-ST-ZIP | PEMBROKE PINES FL | 3.4 CITY-ST-ZIP | PEMBROKE PINES FL |
| TITLE | ATD <input type="checkbox"/> DELETE | 4.1 TITLE | FL ATD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEREZ, ADAM | 4.2 NAME | ADAM PEREZ |
| STREET ADDRESS | 11900-C NW 11TH ST | 4.3 STREET ADDRESS | 11900-C NW 11TH ST |
| CITY-ST-ZIP | PEMBROKE PINES FL | 4.4 CITY-ST-ZIP | PEMBROKE PINES FL |
| TITLE | SD <input type="checkbox"/> DELETE | 5.1 TITLE | SD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRADLEY, MARY RITA | 5.2 NAME | MARY RITA BRADLEY |
| STREET ADDRESS | 11900-C NW 11TH ST | 5.3 STREET ADDRESS | 11900-C NW 11th ST |
| CITY-ST-ZIP | PEMBROKE PINES FL | 5.4 CITY-ST-ZIP | PEMBROKE PINES FL |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | FL <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 119.07(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 on an attachment with an address.

SIGNATURE:

Rita M. Stranko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

Date

(904) 436-6457

Daytime Phone #

CR2E037 (12/95)