FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

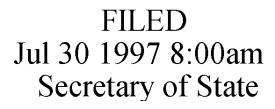
Secretary of State

1997

DIVISION OF CORPORATIONS

DOCUMENT # (9)

PIERPOINTE FIVE, CONDOMINIUM III ASSOCIATION, IN





Principal Place of Business Mailing Address	
11900-C NW 11TH STREET 11900-C NW 11TH STREET PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026-3886	
	te Incorporated or Qualified 3a. Date of Last Report 05/16/1989 04/25/1996
	Number Applied For
21 26	65-0199544 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Cel	rtificate of Status Desired See Required Fee Required
	ection Campaign Financing \$5.00 May Be
28 Tru	st Fund Contribution
Zip Country Zip Country 8, Thi	is corporation has liability for intangible tax under s. 199.032,
87 20 100	rida Statutes Yes No
9, Name and Address of Current Registered Agent 10. Na 81 Name	line and Address of New Registered Agent
ROBERT RUBI	NSTEIN, ESQ.
== ##30+ ELEN-G=E30 = 82 Street Address (P.O.	Box Number is Not Acceptable)
BECKER, POLIAKOFF & STREITFELD, P.A.	ing load
311 SIINDRG NOND	
• • FT LAUD Ft \$3312	derdelo FL 85 Zip Code 333/2
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation su	ubmits this statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation su office or registered agent, of both, in the State of Florida. Such change was authorized by the corporation's boar agent. I am familiar with and accept the objection of Section 617.0503, Florida Statutes.	d of directors. I hereby accept the appointment as registered
	7/25/07
SIGNATURE Signature, typed or brinted name	stating) DATE
12. OFFICERS AND DIRECTORS 13. ADD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD DELETE 1.5 TOTALE	☐ Change 😿 Addition
NAME KALIN, DOROTHY 12 NAME	
STREET ADDRESS 11900-C NW 11TH ST 1.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 14 CITY-ST-ZIP DELETE 21 TITLE S.D.	33026
	S Divinge 2 Addition
NAME VEIRA, SHIRLEY A. 22 NAME STREET ADDRESS 11900-C NW 11TH ST 23 STREET ADDRESS	
STREET ADDRESS 11900-C NW 111H S1 23 STREET ADDRESS CITY - ST - ZIP PEMBROKE PINES FL 2. 4 CITY - ST - ZIP 2. 4 CITY - ST - ZIP	33026
TITLE TD DELETE 3.1 TITLE TD	bc Change ☐ Addition
NAME STRANKO, RITA 32 NAME KRISTI (MAUTE
	NW 11TH ST
	E PINES FL 33026
TITLE -ATO DELETE 4.1 TITLE VPD	k Change Addition
NAME PEREZ, ADAM 4.2 NAME	
STREET ADDRESS 11900-C NW 11TH ST 4.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 4.4 CITY-ST-ZIP	33026
TITLE SD 5.1 TITLE	Change L Addition
NAME BRADLEY, MARY RITA 5.2 NAME	
STREET ADDRESS 11900-C NW 11TH ST 5.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 5.4 CITY-ST-ZIP	Close Internal
TITLE DELETE 6.1 TITLE ATD	Change 1x Addition
NAME STEVE WA	·
	NW 11TH ST
CITY-ST-ZIP 6.4 CITY-ST-ZIP PEMBROKI 14. Lide hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section	

I go nereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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 all attachment with an address. 3/11/97