

FILE NOW: FILING FEE IS \$61.25

FILED

**Jul 30 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N32333 (9)

1. Corporation Name
PIERPOINTE FIVE, CONDOMINIUM III ASSOCIATION, IN C.



Principal Place of Business 11900-C NW 11TH STREET PEMBROKE PINES FL 33026	Mailing Address 11900-C NW 11TH STREET PEMBROKE PINES FL 33026-3686
--	---

3. Date Incorporated or Qualified 05/16/1989	3a. Date of Last Report 04/25/1996
--	--

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
---	---	-------------	-------------

4. FEI Number 65-0199544	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name ROBERT RUBINSTEIN, ESQ.	
82 Street Address (P.O. Box Number is Not Acceptable) 3111 Stirling Road	
83	
84 City Ft. Lauderdale	85 Zip Code FL 33312

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: Robert Rubinstein DATE: 7/25/97

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME KALIN, DOROTHY	
STREET ADDRESS 11900-C NW 11TH ST	
CITY-ST-ZIP PEMBROKE PINES FL	
TITLE VPD	<input type="checkbox"/> DELETE
NAME VEIRA, SHIRLEY A.	
STREET ADDRESS 11900-C NW 11TH ST	
CITY-ST-ZIP PEMBROKE PINES FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME STRANKO, RITA	
STREET ADDRESS 11900-C NW 11TH ST	
CITY-ST-ZIP PEMBROKE PINES FL	
TITLE ATD	<input type="checkbox"/> DELETE
NAME PEREZ, ADAM	
STREET ADDRESS 11900-C NW 11TH ST	
CITY-ST-ZIP PEMBROKE PINES FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME BRADLEY, MARY RITA	
STREET ADDRESS 11900-C NW 11TH ST	
CITY-ST-ZIP PEMBROKE PINES FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33026
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33026
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	KRISTI OSBORN
3.4 CITY-ST-ZIP	11900-C NW 11TH ST PEMBROKE PINES FL 33026
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VPD
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33026
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ATD
6.3 STREET ADDRESS	STEVE WATNIK
6.4 CITY-ST-ZIP	11900-C NW 11TH ST PEMBROKE PINES FL 33026

14. I do 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 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.

3/11/97

CR2E037 (9/96)