

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90184 028 \*\*\*\*61.25

024367

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N32333**

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

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 \* 3 3 1 4 9 4 \*  
 331494 - 90184 - 28

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

Mailing Address  
 11900-C NW 11TH STREET  
 PEMBROKE PINES FL 33026



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/16/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0199544	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RUBINSTEIN, ROBERT ESQ 3111 STIRLING ROAD FT LAUD FL 33312				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEIRA, SHIRLEY A.	1.2 NAME	
STREET ADDRESS	11900-C NW 11TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN, KATHLEEN	2.2 NAME	
STREET ADDRESS	121872 NW 11 STREET	2.3 STREET ADDRESS	11872 N.W. 11 Street
CITY-ST-ZIP	PEMBROKE PINES FL 33026	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBBER, MELISSA	3.2 NAME	
STREET ADDRESS	11874 NW 11 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33102	3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	BRADLEY, MARY R.
STREET ADDRESS		4.3 STREET ADDRESS	11856 N.W. 11 STREET
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<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 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, with all other like empowered.

SIGNATURE: Kathleen Donovan **SIGNATURE REQUIRED** Kathleen Donovan 4/5/99 305/895-0202  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)