

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

1417

DOCUMENT # N32333

1. Entity Name

PIERPOINTE FIVE, CONDOMINIUM III ASSOCIATION, IN

04-23-2001 90211 037 ****61.25

Principal Place of Business

Mailing Address

11900-C NW 11TH STREET
 PEMBROKE PINES FL 33026

11900-C NW 11TH STREET
 PEMBROKE PINES FL 33026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. *Same*

Suite, Apt. #, etc. *Same*

City & State

City & State

4. FEI Number

65-0199544

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBINSTEIN, ROBERT ESQ
3111 STIRLING ROAD
FT LAUD FL 33312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Delete
 NAME: **SD VEIRA, SHIRLEY A.**
 STREET ADDRESS: **11900-C NW 11TH ST**
 CITY-ST-ZIP: **PEMBROKE PINES FL**

TITLE: Addition
 NAME: **SD WATNIK, STEVE**
 STREET ADDRESS: **11898 NW 11 ST.**

TITLE: Delete
 NAME: **TD DONOVAN, KATHLEEN**
 STREET ADDRESS: **11872 NW 11 ST**
 CITY-ST-ZIP: **PEMBROKE PINES FL 33026**

TITLE: Addition
 NAME: **TD HEYWOOD, CATHRYN**
 STREET ADDRESS: **11884 NW 11 ST.**

TITLE: Delete
 NAME: **PD BRADLEY, MARY R**
 STREET ADDRESS: **11856 NW 11 STREET**
 CITY-ST-ZIP: **PEMBROKE PINES FL 33026**

TITLE: Addition
 NAME: **PD BARILE, TERESA**
 STREET ADDRESS: **11896 NW 11 ST.**

TITLE: Delete
 NAME: **PEMBROKE PINES**
 STREET ADDRESS: **33026**

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *President 4-16-01 954-436-1785*

Date

Daytime Phone #

CR2E037 (10/00)