


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90040 035 \*\*\*\*61.25

|  |  |  |  |   |          |
|--|--|--|--|---|----------|
| <b>DOCUMENT # N32333</b>   |  |  |  |                |          |
| 1. Entity Name<br><b>PIERPOINTE FIVE, CONDOMINIUM III ASSOCIATION, INC.</b>  |  |  |  |   |          |
| Principal Place of Business<br>11900-C NW 11TH STREET<br>PEMBROKE PINES, FL 33026  |  |  | Mailing Address<br>11900-C NW 11TH STREET<br>PEMBROKE PINES, FL 33026            |   |          |
| 2. Principal Place of Business   |  | 3. Mailing Address   |  |   |          |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   |          |
| City & State   |  | City & State   |  | 4. FEI Number<br><b>65-0199544</b>  |          |
| Zip  | Country                                      | Zip  | Country  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |          |
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent                                      |   |          |
| RUBINSTEIN, ROBERT ESQ<br>3111 STIRLING ROAD<br>FT LAUD, FL 33312  |  |  | Name   |   |          |
|  |  |  | Street Address (P.O. Box Number is Not Acceptable)                               |   |          |
|  |  |  | City   | <b>FL</b>   | 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. I am familiar with, and accept the obligations of registered agent.  |  |  |  |   |          |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |  |   |          |
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |          |
|  |  |  |  | <b>Make check payable to Florida Department of State</b>  |          |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                            |   |          |
| TITLE  | S <input checked="" type="checkbox"/> Delete | TITLE  | STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |          |
| NAME   | MATTHEWS, ALICE                              | NAME   | BROOKINS, DAWN   |   |          |
| STREET ADDRESS   | 11896 NW 11 STREET                           | STREET ADDRESS   | 11870 NW 11 STREET   |   |          |
| CITY-ST-ZIP  | PEMBROKE PINES, FL 33026                     | CITY-ST-ZIP  | PEMBROKE PINES, FL 33026   |   |          |
| TITLE  | PT <input type="checkbox"/> Delete           | TITLE  | .. <input type="checkbox"/> Change <input type="checkbox"/> Addition             |   |          |
| NAME   | HAYWOOD, CATHERINE                           | NAME   | ..   |   |          |
| STREET ADDRESS   | 11884 NW 11 STREET                           | STREET ADDRESS   | ..   |   |          |
| CITY-ST-ZIP  | PEMBROKE PINES, FL 33026                     | CITY-ST-ZIP  | ..   |   |          |
| TITLE  | VP <input type="checkbox"/> Delete           | TITLE  | .. <input type="checkbox"/> Change <input type="checkbox"/> Addition             |   |          |
| NAME   | BRADLEY, MARY R.                             | NAME   | ..   |   |          |
| STREET ADDRESS   | 11856 NW 11 STREET                           | STREET ADDRESS   | ..   |   |          |
| CITY-ST-ZIP  | PEMBROKE PINES, FL 33026                     | CITY-ST-ZIP  | ..   |   |          |
| TITLE  | <input type="checkbox"/> Delete              | TITLE  | .. <input type="checkbox"/> Change <input type="checkbox"/> Addition             |   |          |
| NAME   |  | NAME   | ..   |   |          |
| STREET ADDRESS   |  | STREET ADDRESS   | ..   |   |          |
| CITY-ST-ZIP  |  | CITY-ST-ZIP  | ..   |   |          |
| TITLE  | <input type="checkbox"/> Delete              | TITLE  | .. <input type="checkbox"/> Change <input type="checkbox"/> Addition             |   |          |
| NAME   |  | NAME   | ..   |   |          |
| STREET ADDRESS   |  | STREET ADDRESS   | ..   |   |          |
| CITY-ST-ZIP  |  | CITY-ST-ZIP  | ..   |   |          |
| TITLE  | <input type="checkbox"/> Delete              | TITLE  | .. <input type="checkbox"/> Change <input type="checkbox"/> Addition             |   |          |
| NAME   |  | NAME   | ..   |   |          |
| STREET ADDRESS   |  | STREET ADDRESS   | ..   |   |          |
| CITY-ST-ZIP  |  | CITY-ST-ZIP  | ..   |   |          |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Catherine D. Hayward</i>   |  | Date: <i>5/9/06</i>  |  | Daytime Phone #: <i>954-436-1889</i>  |          |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |  |   |          |

40092025



04152006 Chg-NP CR2E037 (11/05)

Last name for Dawn (STD) corrected 9/12/06 per Catherine Hayward.