


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90032 011 ****61.25

DOCUMENT # N32333 1. Entity Name PIERPOINTE FIVE, CONDOMINIUM III ASSOCIATION, INC.	
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Principal Place of Business 11900-C NW 11TH STREET PEMBROKE PINES, FL 33026	Mailing Address 11900-C NW 11TH STREET PEMBROKE PINES, FL 33026
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01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0199544	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBINSTEIN, ROBERT ESQ
3111 STIRLING ROAD
FT LAUD, FL 33312

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IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROOKINS, DAWN 11870 NW 11 ST HOEYWOOD, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	p Pembroke Pines HEYWOOD, CATHERINE 11884 NW 11 STREET PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNES, KATRINA 11874 N.W. 11 STREET PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. NATALIA SOLIS-ORIAS 11852 NW 11 ST Pembroke Pines FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: DAWN BROOKINS/Treasurer 2/10/08 9545934108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #