2003 NOT-FOR-PROFIT CORPORATION

L DOC	JNIFORM BUS	NESS REPOR	RT (UBR)		in 13, 20			
I - Entity !	UMENT # N349 Name I POINTE RESIDENT'S ASS				Secretar 01-13-2003 900	•		
Principal F	Place of Business	Mailing Address						
7374 LONGVIEW COURT NAPLES FL 34109		7374 LONGVIEW COURT NAPLES FL 34109						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF M.	AKING CHANGE	\$	
City & State		City & State	City & State		4. FEI Number 65-0211929 Applied For			
Zip	Country	Zip	Country				lot Applicable	
		ļ ·	Country	5. Certificate of	Status Desired	\$8.75 Ac Fee Requir	dditional ed	
	6. Name and Address of Cu	rrent Registered Agent -	Name	7Name and A	ddress of New Regist			
MASON, CLARA L								
7374 LONGVIEW COURT			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
NAPLE	S FL 34109							
	·					FL Zip Coo	de	
8. The above	ve named entity submits this statement pations of registered agent.	ent for the purpose of changing it	s registered office or r	registered agent, or both, i	n the State of Florida	Lam familiar with	and accept	
SIGNATURE	Signature, typed or printed name of registered FILE NOW: FEE IS \$61.25	9. Election Ca	TE: Registered Agent signature mpaign Financing Contribution.	\$5.00 May Be	Make C	heck Payable	to	
10.	OFFICERS AND	DIRECTOR						
TITLE	PD OFFICERS AND	Delete	11, TITLE	ADDITIONS/CHANC	GES TO OFFICERS AN	D DIRECTORS IN	110	
NAME STREET ADDRESS CITY-ST-ZIP	ABBATE, TONY 2060 TIMBERLINE DR NAPLES FL 34109	_ 0000	NAME STREET ADDRESS CITY-ST-ZIP			∟ Change	☐ Addition	
TITLE	VPD	™ Delete		VPD		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP —	MERROW, JAMES 7375 LONGVIEW COURT NAPLES FL 34109		STREET ADDRESS	946 TIMBEALIN	ARD UNBEKANT TIMBERLINE DR. ES. FL 34109			
TITLE				APIES EL	<u>34109</u>			
NAME	SDT	☐ Delete	TITLE S	ECRETARY	· · · · · · · · · · · · · · · · · · ·	E T 0		
STREET ADDRESS	MASON, CLARA	☐ Delete	TITLE	LARA MASO	· N	★ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	MASON, CLARA 7374 LONGVIEW COURT	☐ Delete	TITLE NAME STREET ADDRESS	SECRETARY	N	▼ Change	☐ Addition	
CITY-ST-ZIP TITLE	MASON, CLARA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LARA MASO	N			
CITY-ST-ZIP	MASON, CLARA 7374 LONGVIEW COURT		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	REASURER LAN KUHRE 184 TIMBERLI	NE DR.	Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MASON, CLARA 7374 LONGVIEW COURT	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP N	REASURER LAN KUHRE 184 TIMBERLI APLES, FL	NE DR.	☐ Change	⊠ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MASON, CLARA 7374 LONGVIEW COURT		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP N TITLE NAME STREET ADDRESS CITY-ST-ZIP N TITLE NAME 8	REASURER LAN KUHRE 184 TIMBERLI APLES, FL PD ILL VAN DUYN	NE DR. 34109 J.			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MASON, CLARA 7374 LONGVIEW COURT	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS A STREET ADDRESS A	REASURER LAN KUHRE 184 TIMBERLI APLES, FL 1PD 1LL VAN DUYN 066 TIMBER	NE DR. 34109 J. LINE DR.	☐ Change	⊠ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MASON, CLARA 7374 LONGVIEW COURT	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME	REASURER LAN KUHRE 184 TIMBERLI APLES, FL PD ILL VAN DUYN	NE DR. 34109 J. LINE DR.	☐ Change	Addition Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MASON, CLARA 7374 LONGVIEW COURT	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS A STREET ADDRESS A	REASURER LAN KUHRE 184 TIMBERLI APLES, FL 1PD 1LL VAN DUYN 066 TIMBER	NE DR. 34109 J. LINE DR.	☐ 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: CLSIGNATIME BEQUIFCLARA L. MASON

CITY-ST-ZIP

1-6-03 239-254-0102