

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90201 046 \*\*\*\*61.25

<b>DOCUMENT # N41359</b> 1. Entity Name <b>POINTE CORAL CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>506 SW 47TH TERR CAPE CORAL, FL 33914 US</b>			Mailing Address <b>506 SW 47TH TERR CAPE CORAL, FL 33914 US</b>		
2. Principal Place of Business <b>% American Condo Mgmt</b> Suite, Apt. #, etc. <b>909 SE 47th Terr #105</b>			3. Mailing Address <b>% American Condo Mgmt</b> Suite, Apt. #, etc. <b>PO Box 100399</b>		
City & State <b>CAPE CORAL, FL</b>			City & State <b>CAPE CORAL, FL</b>		
Zip <b>33904</b>		Country <b>USA</b>		4. FEI Number <b>65-0237430</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>DRIFLA, BEVERLY C-31 SUNAUT REALY 506 SW 47TH TERR CAPE CORAL, FL 33914</b>			7. Name and Address of New Registered Agent Name <b>Susan Kase</b> Street Address (P.O. Box Number is Not Acceptable) <b>% American Condominium Mgmt</b> <b>909 SE 47th Terr #105</b> City <b>CAPE CORAL</b> <b>FL</b> Zip Code <b>33904</b>		
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 <u><i>Susan Kase</i></u> <u><i>Susan Kase</i></u> <u><i>4/27/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CECICH, BETTY 1427 SW 47TH TER #202 CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CLEMIENCE, DON 1427 SW 47TH TER #102 CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CECICH, FRANK 1427 SW 47TH TERR #202 CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VPD DAVIS, BILL 4 RIVERWIND DR PORT ROYAL, SC 29935	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GONZALEZ, JOYCE 1427 SW 47TH TER #206 CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Joyce A. Gonzalez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>4-26-05</i></u> <small>Date Daytime Phone #</small>		

*Joyce A. Gonzalez*