

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

07-05-2006 90002 048 \*\*\*\*61.25

<b>DOCUMENT # N41359</b> 1. Entity Name <b>POINTE CORAL CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O AMERICAN CONDO MGMT</b> <b>909 SE 47TH TERR #105</b> <b>CAPE CORAL, FL 33914 US</b>			Mailing Address <b>C/O AMERICAN CONDO MGMT</b> <b>909 SE 47TH TERR #105</b> <b>CAPE CORAL, FL 33914 US</b>		
2. Principal Place of Business <b>C/O American Condo Mgmt</b> Suite, Apt. #, etc. <b>615 Cape Coral Pkwy W #103</b> City & State <b>Cape Coral, FL</b> Zip <b>33914</b>		3. Mailing Address <b>C/O American Condo Mgmt</b> Suite, Apt. #, etc. <b>P.O. Box 100399</b> City & State <b>Cape Coral, FL</b> Zip <b>33910</b>		4. FEI Number <b>65-0237430</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02272006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent <b>KASE, SUSAN</b> <b>C/O AMERICAN CONDO MGMT</b> <b>909 SE 47TH TERR #105</b> <b>CAPE CORAL, FL 33914</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>615 Cape Coral Pkwy W #103</b> City <b>FL</b> Zip Code <b>33914</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> (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>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 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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ED SPARTA 1427 SW 47TH Terr #102 CAPE CORAL, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BECKY CHAPMAN 1427 SW 47TH Terr #105 CAPE CORAL, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NAUW Golder 1427 SW 47TH Terr #203 CAPE CORAL, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Davis 1427 SW 47TH Terr #106 CAPE CORAL, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 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: <u><i>Becky Chapman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>4/2/06</i></u> Daytime Phone # _____		