2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N41359

Entity Name: POINTE CORAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W #103
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

C/O AMERICAN CONDO MGMT
P.O. BOX 100399
CAPE CORAL, FL 33910 US

New Mailing Address:

FEI Number: 65-0237430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASE, SUSAN
C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W #103
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	GONZALEZ, JOYCE	
Address:	1427 SW 47TH TER #206	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:	TD	( ) Delete
Name:	SPARTA, ED	
Address:	1427 SW 47TH TER #102	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:	VPD	( ) Delete
Name:	BAYLEY, JIM	
Address:	1427 SW 47TH TER #205	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:	SD	( ) Delete
Name:	GOLDER, NANCY	
Address:	1427 SW 47TH TERR #203	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:	D	( ) Delete
Name:	DAVIS, WILLIAM	
Address:	1427 SW 47TH TER #106	
City-St-Zip:	CAPE CORAL, FL 33914	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	O'CONNOR, PATRICIA	
Address:	1427 SW 47TH TERR #101	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE GONZALEZ PRES 04/24/2009

Electronic Signature of Signing Officer or Director — Date