FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

NASTAT OOLIMENT #

141

1. Corporation	NICINI # INTO IO	' (')		
,	POINTE HOMEOWNERS AS	SCUCIATION INC		
KINGO	TOMIL HOMEOTHERS A	SOUGHTION, INC.		E IBBRITAR ANI ANADO MINO RIGIO DIVEL INDI ANDRI ANDRI ANDRI ANDRI ARRICORANI
Principal Place	e of Business	Mailing Address		T LEBUSEN ALL BIDDO FELDI MEND AND THEN BIDDI RUSSI BIDDI BIDDI BIDDI BIDDI BIDDI
318 WINTER GARDEN CT. 318 WINTER GARDEN CT.				
WINTER HAV		WINTER HAVEN FL 33881		
				Date Incorporated or Qualified 3a. Date of Last Report
				04/25/1991 02/08/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		NOT APPLICABLE Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
City & State	a	City & State		Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25		30	Florida Statutes
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
511125			81 Name	RAND PALMER KANDALL
PALMER, PETER 318 WINTER GARDEN CT.			82 Street	LADICES (P.O. BOX Number is Not Acceptable) BUS WINTER FREDEN CT.
WINTER HAVEN FL 33881			83	DIS WINIER CHRULP VI.
141141EU	FIAVER PE 33001			
			84 City	WINTER HAVEN FL 558881
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am				
familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
	Signature, typed or printed name of registered agent	mer	Registered Agent signature n	required when reinstating) DAE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Change Addition
NAME	PALMER, RANDALL		1.2 NAME	100001739331 -03/12/9601014008
STREET ADORESS	318 WINTER GARDEN CT.		1.3 STREET ADDRESS	-03/12/9601014008
CITY-ST-ZIP	WINTER HAVEN FL 33881		1.4 CITY-ST-ZIP	***61.25
TITLE	2VPD	⊠ DETE1E	2.1 TITLE	Change Addition
NAME	AMES, EDIE 318 WINTER GARDEN CT.		2.2 NAME	PIEP, JAMES
STREET ADDRESS	WINTER HAVEN FL 33881		2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	TD TD	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	WINTER ATTVEN FL 33897
NAME	FRANCOIS DUVAL	Ned.	3.2 NAME	FELLEY, GUYLENE
STREET ADDRESS	232 TRADEWIND CT		3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL 33881		3.4. CITY - ST - 2IP	WINTER HAVEN FL 33881
TITLE	SD	DELETE	4.1 TITLE	Change \ Addition
NAME	ASHLEY, SHARON		4. 2 NAME	ABLES, MARGERIE
STREET ADDRESS	467 GULFSTREAM DR NORTH	1	4.3 STREET ADDRESS	しだった ぐたいおおけし おひ
CITY - S1 - ZIP	WINTER HAVEN FL 33881 1VPD	M DELETE	4.4 CITY - ST - ZIP 1	WINTER HAVEN FL, 3388/
TITLE NAME	GUYLENE, KELLEY	Motter	5.1 TITLE 5.2 NAME	
STREET ADDRESS	449 GULF STREAM DR NORT	н	5.2 NAME 5.3 STREET ADDRESS	METZLER WALTER
CITY-ST-ZIP	WINTER HAVEN FL 33881	••	5.4 CITY - ST - ZIP	WINTER HAVEN FLESSES
TITLE		DELETE	6.1 TITLE	□ Change □ Addition
NAME			6.2 NAME	
ı	1		_	I .
STREFT ADDRESS			6.3 STREET ADDRESS	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Destrine Proof #