2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000003586

1. Entity Name
PARK POINTE PHASE II CONDOMINIUM "A" ASSOCIATION, INC.

Principal Place of Business	Mailing Address
JERRY FRANKEL 3285 JOG PK DR GREENACRES, FL 33467 US	JERRY FRANKEL 3285 JOG PK DR GREENACRES, FL 33467 US

01102004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0657725
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANKEL, JERRY
3285 JOG PK DR
GREENACRES, FL 33467

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SKLARIN, PHILLIP
STREET ADDRESS	3239 JOG PARK DRIVE
CITY-ST-ZIP	GREENACRES, FL
TITLE	VSD
NAME	ROSEN, HAROLD
STREET ADDRESS	3277 JOG PARK DRIVE
CITY-ST-ZIP	GREENACRES, FL
TITLE	VTD
NAME	FRANKEL, JERRY
STREET ADDRESS	3285 JOG PARK DRIVE
CITY-ST-ZIP	GREENACRES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/04-80031-023 61.25

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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: Jerry Frankel MEM. V.P. 1/12/04 561-352-8410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #