

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.	
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Principal Place of Business JERRY FRANKEL 3285 JOG PK DR GREENACRES, FL 33467 US	Mailing Address JERRY FRANKEL 3285 JOG PK DR GREENACRES, FL 33467 US
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DO NOT WRITE IN THIS SPACE



01102004 No Chg-NP CR2E037 (10/03)

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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IN THIS SPACE

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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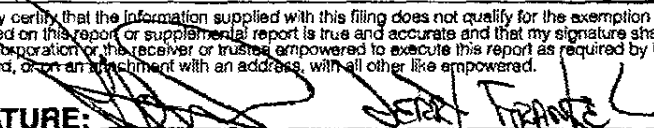
10. OFFICERS AND DIRECTORS

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

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01/16/04-80031-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **DATE:** 1/12/04 **Daytime Phone #** 561-357-8410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR