FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:

SIGNATURE AND EVED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500004163 (0)
1. Corporation Name

PALM POINTE HOMEOWNERS ASSOCIATION, INC.

FILED May 01 1996 8:00 am Secretary of State

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810/737-6154

Principal Place of Business Mailing Address			- TOBETTERS BER ORGET REFITE BRITE B					
2295 CORPORATE BLVD. N.W. SUITE 240 BOCA RATON FL 33431 2295 CORPORATE BLVD. N.W. SUITE 240 BOCA RATON FL 33431 BOCA RATON FL 33431		2295 CORPORATE BLVD. N.W. SUITE 240						
			3. Date Incorporated or Qualified 08/30/1995	3a. Date of La	st Report			
	lace of Business	2a. Mailing Address			4. FEI Number			
Suite, Apt.	# ato	26 31731 No	rthwesterr	14mh	65-0645600		Not Applicable	
22		Suite, Apt. #, etc. 27 200 E			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	0	City & State 28 Farming ton Hills, MI		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country Zip Country			· .	8. This corporation has liability for in			
24	9. Name and Address of Curre		30 U	SA		Yes 🔀 No		
	9. Name and Address of Curre	nt Registered Agent	8	1 Nome (T)	10. Name and Address of New Re	gistered Agent		
WILKINS	ON LADDY M		°	'I Name 'P	HOLA M. LUPT	AK		
	WILKINSON, LARRY M 2295 CORPORATE BLVD.N.W.				82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 2			8	2295		2 /VW		
	ATON FL 33431			Suit	E 240			
			8-	4 City BOCA	RATOM	FL 85 3	Zip Code	
11. Pursuant t	to the provisions of Sections 617.060:	2 and 617.1508, Florida Stat	utes, the above	named corpo	ration submits this statement for the pure	ose of changing its	3431	
or register familiar wi	red agent, by bottning the State billillori the and a segurithe utilibations of Sec	ida. Such change was autho tion 617.0503. Florida Statut	rized by the cor	poration's boa	ration submits this statement for the purp and of directors. I hereby accept the appoint	ntment as registere	ed agent. I am	
	MUHIPUHS)	· · · · · · · · · · · · · · · · · · ·		<i>خال</i> اء	$\alpha 191_{\Delta}$		
BIGHATUPE			NOTE Registered Ag	ent signatura require	d when reinstating)	MILLO		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12	
TITLE	D DETNOC HADOLD	DELETE	1.1 TITLE			☐ Change	Addition	
NAME	BEZNOS, HAROLD 2295 CORPORATE BLVD. N.\	N #040	1.2 NAME					
Street address	BOCA RATON FL 33431	W. #24U	13 STREI	ET ADORESS				
CITY-ST-ZIP	D		14 CITY	ST-ZIP				
TITLE NAME	WILKINSON, LARRY M	DELETE	2 1 TITLE			☐ Change	Addition	
STREET ADDRESS	2295 CORPORATE BLVD. N.V	N #240	2.2 NAME					
CITY-SI-ZIP	BOCA RATON FL 33431	11. #240		1 ADDRESS				
TITLE	D	DELETE	2 4 City 31 Tifle	-ST-ZIP				
NAME	STURING, MARK A	LJohn	3 2 NAME			Change	☐ Add₁tion	
STREET ADDRESS	2295 CORPORATE BLVD. N.V	N. #240		T ADDRESS			1	
CITY-ST-ZIP	BOCA RATON FL 33431		3.4. CITY					
TITLE		□DELETE	4.1 TITLE	J. Lii		Change	Addition	
NAME			4 2 NAMI			ع در الله		
STREET ADDRESS			4 3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY -	SY-ZIP				
TITLE		DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREE	T ADDRESS				
CITY-ST-ZIP			5 4 CITY -	ST-ZIP				
TITLE		DELETE	6 1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP	y certify that the information or entiad	with the files is not seen for	6.4 CITY -	ST-ZIP				
oath; that I	I am an officer or director of the corpo	ar report or supplemental an acation or the receiver or trust	inuai report is tr tee empowered		or the exemption stated in Section 119.0 tte and that my signature shall have the sa s report as required by Chapter 617, Flori			
abbears III	Block 12 or Block 13 if changed	on an augenment with an ad-	oress.					