

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

AMENDED

APPROVED  
AND  
FILED

98 NOV 16 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT #**

1. Corporation Name **N95000004163**  
**Palm Pointe Homeowners Association, Inc.**  
**PO Box 2255**  
**Palm City FL 34991**

Principal Place of Business	Mailing Address
<b>10 Central Parkway</b> <b>Suite 100</b> <b>Stuart FL 34994</b>	<b>10 Central Parkway</b> <b>Suite 100</b> <b>Stuart FL 34994</b>

3. Date Incorporated or Qualified  
**8/30/95**

4. FEI Number <b>65-0645600</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

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

7. Is this nonprofit corporation a homeowners association?  
☒ Yes ☐ No

8. This corporation owes or has paid the current year's intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 <b>10 Central Parkway</b> Suite, Apt. #, etc. 22 <b>Suite 100</b> City & State 23 <b>Stuart FL</b> Zip 24 <b>34994</b>	26 <b>10 Central Parkway</b> Suite, Apt. #, etc. 27 <b>Suite 100</b> City & State 28 <b>Stuart FL</b> Zip 29 <b>34994</b> Country 30 <b>Martin</b>

9. Name and Address of Current Registered Agent

**Prestige Property Management**  
**7601 SW Lost River Road**  
**Stuart FL 34997**

10. Name and Address of New Registered Agent

81 Name <b>Ultra Clean Property Management</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>10 Central Parkway Suite 100</b>
83
84 City <b>Stuart</b>
85 Zip Code <b>FL 34994</b>

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>D Alan Burkhardt</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>3454 SW Coco Palm Drive</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Palm City FL 34990</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>P/D Steve Reeger</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>1350 E Newport Center Drive</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Deerfield Beach FL 33442</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>D/VP Andy Barrios</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>844 NW Waterlily Place</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Jensen Beach FL 34957</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	<b>900002692159-4</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>-11/19/98--01101--002</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>*****61.25 *****</b>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: **ALAN BURKHARDT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/98

Date

220-4140

Daytime Phone #

CR2E037 (5/98)