

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004163

1. Entity Name

PALM POINTE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90057 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

10 CENTRAL PARKWAY  
SUITE 100  
STUART FL 34994

10 CENTRAL PARKWAY  
SUITE 100  
STUART FL 34994-5914

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0645600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ULTRA CLEAN PROPERTY MANAGEMENT  
10 CENTRAL PARKWAY  
SUITE 100  
STUART FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BURKHARDT, ALAN  
CITY-ST-ZIP 3454 SW COCO PALM DRIVE  
PALM CITY FL 34990

TITLE ☐ Change ☐ Addition  
NAME D  
STREET ADDRESS Burkhardt, Alan  
CITY-ST-ZIP 3454 SW Coco Palm Drive  
Palm City, FL 34990

TITLE ☒ Delete  
NAME PD  
STREET ADDRESS REEGER, STEVE  
CITY-ST-ZIP 1350 E NEWPORT CENTER DRIVE  
DEERFIELD BEACH FL 33442

TITLE ☐ Change ☒ Addition  
NAME PD  
STREET ADDRESS Paratore, Lou  
CITY-ST-ZIP 1350 E Newport Center Drive  
Deerfield Beach FL 33442

TITLE ☒ Delete  
NAME DV  
STREET ADDRESS BARIOS, ANDY  
CITY-ST-ZIP 844 NW WATERLILY PLACE  
JENSEN BEACH FL 34957

TITLE ☐ Change ☐ Addition  
NAME DV  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00  
Date

Daytime Phone #