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NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N96000003717 (3)

1. Corporation Name

PARK POINTE PHASE II CONDOMINIUM "E" ASSOCIATION , INC.

Principal Place of Business	Mailing Address
2000 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413	2000 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413-2076

3. Date Incorporated or Qualified: 07/12/1996
3a. Date of Last Report:

2. Principal Place of Business
21 3238 Jog Park Drive
22 Suite, Apt. #, etc.
23 City & State: Greenacres, FL
24 Zip: 33467 25 Country: USA

2a. Mailing Address
26 3238 Jog Park Drive
27 Suite, Apt. #, etc.
28 City & State: Greenacres, FL
29 Zip: 33467 30 Country: USA

4. FEI Number: 65-0731151 ☐ Applied For ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SNEEP, JOHN
2000 ISLAND MANOR DRIVE
WEST PALM BEACH FL 33413

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3238 Jog Park Drive
83
84 City: Greenacres FL 85 Zip Code: 33467

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] 3/19/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SNEEP, JOHN 2000 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 3238 Jog Park Drive Greenacres, FL 33467
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SNEEP, ROSE B 2000 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 3238 Jog Park Drive Greenacres, FL 33467
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JONES, CAROL 2000 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 3238 Jog Park Drive Greenacres, FL 33467
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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: [signature] 3/19/97 561-966-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0041107