

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90139 035 ****70.00

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1. Corporation Name

PARK POINTE PHASE II CONDOMINIUM "E" ASSOCIATION
INC.

Principal Place of Business

3238 JOG PARK DR
GREENACRES FL 33467
US

Mailing Address

3238 JOG PARK DR
GREENACRES FL 33467
US



2. Principal Place of Business

21 3301 Jog Park Drive

Suite, Apt. #, etc.

22 City & State
23 Greenacres, FL

24 Zip 33467 25 Country USA

2a. Mailing Address

26 3301 Jog Park Drive

Suite, Apt. #, etc.

27 City & State
28 Greenacres, FL

29 Zip 33467 30 Country USA

3. Date Incorporated or Qualified

07/12/1996

4. FEI Number

65-0731151

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SNEEP, JOHN
3238 JOG PARK DR
GREENACRES FL 33467

10. Name and Address of New Registered Agent

81 Name

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

3301 Jog Park Drive

83

84 City

FL

85 Zip Code

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

TITLE PD ☐ DELETE

NAME SNEEP, JOHN
STREET ADDRESS 3238 JOG PARK DR
CITY-ST-ZIP GREENACRES FL

TITLE STD ☐ DELETE

NAME SNEEP, ROSE B
STREET ADDRESS 3238 JOG PARK DR
CITY-ST-ZIP GREENACRES FL

TITLE VD ☐ DELETE

NAME JONES, CAROL
STREET ADDRESS 3238 JOG PARK DR
CITY-ST-ZIP GREENACRES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 3301 Jog Park Drive
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 3301 Jog Park Drive
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 3301 Jog Park Drive
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/15/99

561-966-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)