2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N9600003717** 1. Entity Name PARK POINTE PHASE II CONDOMINIUM "E" ASSOCIATION Principal Place of Business Mailing Address 1331 UOG PARK DR 3301 JOG PARK DR ANDENACRES FL 33467 **GREENACRES FL 33467**

FILED Feb 03, 2002 8:00 am Secretary of State 02-03-2002 90001 015 ****70.00

2. Principal Place of Business 3291 JOG PA	RK DR. P.O. Bo x 540 96 2 Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State		GREENACRES FL			65-0731151 Not Applicable		
33467 Country	A- 3	3467	USA	5. Certificate of Sta	atus Desired \$8.	7.5 Additional Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
SNEEP, JOHN 3301 JOG PARK DR GREENACRES FL 33467				ETY ELYN HERMAN Street Address (P.O. Box Number is Not Acceptable) DRIVE City KE WORTH B FL 33467			
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 EVELYN HERMAN TREASURER Cultyn Herman 1/10/02 Signature, typed or printed name of registered agent and title flapplicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							
lan.	CERS AND DIRECTO		11.	T -			
NAME STREET ADDRESS CITY-ST-ZIP GREENACRES FL		☐ Delete	NAME 5	HELDON /	VEVINS PARK DR. FS, FL 3346		
TITLE STD , NAME SNEEP, ROSE B STREET ADDRESS 3301 JOG PARK DR CITY-ST-ZIP - GREENACRES FL		☐ Delete	NAME STREET ADDRESS 3	URRAY SE	FLNICK PARK DR S-FL-33467	Change Addition C	
NAME STREET ADDRESS CITY-ST-ZIP TITLE VD JONES, CAROL 3301 JOG PARK DR GREENACRES FL		☐ Delete	TITLE NAME STREET ADDRESS	ANICE M	PARK DR. RES FL 33	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE	\mathcal{D} \mathcal{D}	DIAN J	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUCK WI 260 JOG REENACK	PARK DR. FL 33467 KLEY PARK DR. PES FL 334	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information indicated by the report of a real plant.	supplied with this fi	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP the exemption stated in	n Section 119.07(3)(i), Flo	rida Statutes. I further certify th	at 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: