2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N96000003717

Entity Name: PARK POINTE PHASE II CONDOMINIUM "E" ASSOCIATION, INC.

Current Principal Place of Business:

3297 JOG PARK DR.
GREENACRES, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 540962
GREENACRES, FL 33467 US

New Mailing Address:

FEI Number: 65-0731151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERMAN, EVELYN
3297 JOG PARK DR.
GREENACRES, FL 33467 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: ADLOPHSON, LORRICE
Address: 3305 JOG PARK DRIVE
City-St-Zip: GREENACRES, FL 33467

Title: T ( ) Delete
Name: SCHIRO, VIRGINIA
Address: 3317 JOE PARK DRIVE
City-St-Zip: GREENACRES, FL 33467

Title: D ( ) Delete
Name: WILLEY, TONT
Address: 3260 JOG PARK DR.
City-St-Zip: GREEN ACRES, FL 33467

Title: P ( ) Delete
Name: HERMAN, EVELYN
Address: 3297 JOG PARK DR.
City-St-Zip: GREENACRES, FL 33467

Title: D ( ) Delete
Name: DELIZZA, PHYLLIS
Address: 3284 JOG PARK DR.
City-St-Zip: GREEN ACRES, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BENENSON, SUSAN
Address: 3244 JOG PARK DRIVE
City-St-Zip: GREENACRES, FL 33467

Title: T-VP (X) Change ( ) Addition
Name: SCHIRO, VIRGINIA
Address: 3317 JOE PARK DRIVE
City-St-Zip: GREENACRES, FL 33467

Title: S (X) Change ( ) Addition
Name: WILLEY, TONI
Address: 3260 JOG PARK DR.
City-St-Zip: GREEN ACRES, FL 33467

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN HERMAN P 03/30/2009

Electronic Signature of Signing Officer or Director — Date