FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000006207 (2) DOCUMENT #

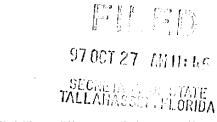
POINTE YNIESTRA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

226 PALAFOX PLACE 9TH FLOOR SEVILLE TOWER

226 PALAFOX PLACE 8TH FLOOR SEVILLE TOWER



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PENSACOLA FL 32501		PENSACOLA FL 32501-5846					
					3. Date Incorporated or Qualified 12/03/1996 3a. Date of Last Report		
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number Applied	For	
26					Not App	licable	
I Shire add. # arc I Shire add. #. erc					5. Certificate of Status Desired \$8.75 Addition	nal	
22 27					Fee Required	a	
เมาหลอเลเ	е	City & State			6. Election Campaign Financing \$5.00 May 8	Be	
23		28			Trust Fund Contribution		
J Zip	Country	Zip	Counti	У	8. This corporation has liability for intangible tax under s. 199.0	032,	
24	25	29 30	0		Florida Statutes 🔲 Yes 🔀 No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent		
			8	Name		- 1	
SHELL	Stephen B		8:	Stroot A	ddroes (P.O. Boy Niestra Te Kills With Sile Sile Sile Sile Sile Sile Sile Sile	, - -	
	AFOX PLACE 9TH FLOOR		10,				
	TOWER		83	<u> </u>			
	OLA FL 32501		_		*****61.25 *****61.2	25	
FERIOAC	ODA I E OFFICE		84	City	Fi 85 Zip Code	Ì	
11 Pursuant	to the provisions of Sections 617 0500	2 and 617 1508 Florida Statutes	the abov	L bemened c	F == 1 1	stored	
office or r	egistered agent, or both, in the State	of Florida. Such change was aut	horized b	by the corpo	corporation submits this statement for the purpose of changing its registration's board of directors. I hereby accept the appointment as registration's	ered	
agent. La	m familiar with, and accept the obliga	tions of, Section 617,0503, Florid	da Statute	es.			
SIGNATURE.	Signature, typed or printed name of registered agen	ALOJE B			equired when reinstating) DATE		
12.	OFFICERS AND		13.	Jeni signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12	
TITLE	D	DELETE	1.1 TITLE	I		Addition	
NAME	MOWE, WAYNE T		1.2 NAME				
	3838 N PALAFOX STREET			ľ		ŀ	
STREET ADDRESS	PENSACOLA FL 32505			T ADDRESS		1	
CITY-ST-ZIP TITLE	D	DELETE	1.4 CHTY- 2.1 TITLE		Change /	Addition	
• 1	•	_ been	1	ì	Change ?	ווטוויטטר	
NAME 4	MOWE, CLIFFORD B		2.2 NAME				
STREET ADDRESS	3838 N PALAFOX STREET			T ADDRESS			
CITY-ST & IP	PENSACOLA FL 32505	T DELETE	2. 4 CITY			Later to the	
TITLE	D	☐ DELETE	3.1 TITLE		Change F	Addition	
NAME	MOWE, DANA M		3.2 NAME	i			
STREET ADDRESS	3838 N PALAFOX STREET		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32505		3.4. CITY	-ST-ZIP			
TITLE		☐ DEFELE	4.1 TITLE		☐ Change ☐ A	Addition	
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STREE	T ADDRESS		- 1	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ F	Addition	
NAME			5.2 NAME	.		ì	
STREET ADDRESS			5.3 STREE	T ADDRESS		ľ	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	Λ		
TITLE		☐ DELĒTE	6.1 TITLE		∩ Change □ A	Addition	
NAME			6.2 NAME			j	
STREET ADDRESS				T ADDRESS	V. (V. U)		
CITY-ST-ZIP	1.1	. 1	64 CITY-	- 1	1(YOO 1)	- 1	
VII 1 - 01 - 21F		O(D)	040111	O1-EII			

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 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 compression of the compress