

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90333 016 ****61.25

DOCUMENT # N97000000997

1. Entity Name
POINTE WEST PROPERTY OWNER'S ASSOCIATION,
INC.



Principal Place of Business *SUITE 205* Mailing Address
C/O PINES PROPERTY MANAGEMENT C/O PINES PROPERTY MANAGEMENT
~~11794 SW 2ND STREET~~ P.O. BOX 820100
PEMBROKE PINES, FL 33029 SO FLORIDA, FL 33082-0100
19620 PINES BLVD

00039884



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01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number **54-1940443** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, THOMAS R JR *SUITE 205*
~~11794 SW 2ND STREET~~ *19620 PINES BLVD*
PEMBROKE PINES, FL 33029

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25.
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BUTTERES, MALCOLM
STREET ADDRESS ~~11794 SW 2ND STREET~~ *19620 PINES BLVD*
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE VPD
NAME BROWN, DAVID
STREET ADDRESS ~~11794 SW 2ND STREET~~ *19620 PINES BLVD*
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE STD
NAME SIMIGRAN, KENNETH
STREET ADDRESS ~~11794 SW 2ND STREET~~ *19620 PINES BLVD*
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. 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 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: *Thomas R. Evans Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05
Date

Daytime Phone #