

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # N97000000997

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



Principal Place of Business

**C/O PINES PROPERTY MANAGEMENT
19620 PINES BLVD, STE 205
PEMBROKE PINES, FL 33029**

Mailing Address

**C/O PINES PROPERTY MANAGEMENT
P.O. BOX 820100
SO FLORIDA, FL 33082-0100**



02092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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
19620 PINES BLVD, STE 205
PEMBROKE PINES, FL 33029**

**DO NOT WRITE
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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000531227

05/06/06-00034-007 81.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUTTERES, MALCOLM
STREET ADDRESS	19620 PINES BLVD, STE 205
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	VPD
NAME	BROWN, DAVID
STREET ADDRESS	19620 PINES BLVD, STE 205
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	STD
NAME	SIMIGRAN, KENNETH
STREET ADDRESS	19620 PINES BLVD, STE 205
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 affidavit from all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #