2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 29, 2009
Secretary of State

DOCUMENT# N97000000997

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

C/O PINES PROPERTY MANAGEMENT
P.O. BOX 820100
SO FLORIDA, FL 330820100

New Mailing Address:

FEI Number: 54-1940443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EVANS, THOMAS R JR
19620 PINES BLVD, STE 205
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

STEVENS & GOLDWYN, PA
2 SOUTH UNIVERSITY DRIVE
SUITE 315
PLANTATION, FL 33324 US

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: JOHN W. STEVENS 10/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BUTTERES, MALCOLM
Address: 19620 PINES BLVD, STE 205
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VPD ( ) Delete
Name: BROWN, DAVID
Address: 19620 PINES BLVD, STE 205
City-St-Zip: PEMBROKE PINES, FL 33029

Title: STD ( ) Delete
Name: SIMIGRAN, KENNETH
Address: 19620 PINES BLVD, STE 205
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MALCOM BUTTERES PD 10/29/2009
Electronic Signature of Signing Officer or Director Date