

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

FILED

**Jan 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # N97000005597

1. Entity Name

THE POINTE ON LEMON BAY ASSOCIATION, NC.



Principal Place of Business

1201 S. MCCALL RD.
ENGLEWOOD, FL 34223 US

Mailing Address

5206 THE POINTE
ENGLEWOOD, FL 34223



01092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0801320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DIGNAM, DAVID M
1201 S. MCCALL RD.
ENGLEWOOD, FL 34223

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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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE TD
NAME DIGNAM, THOMAS M
STREET ADDRESS 5206 THE POINTE
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE VPD
NAME LANDIS, JOHN K
STREET ADDRESS 5263 THE POINTE
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE PS
NAME DIGNAM, DAVID M
STREET ADDRESS 5150 THE POINTE
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE D
NAME LANDIS, JONATHAN D
STREET ADDRESS 51 SUNSET LANE
CITY-ST-ZIP CABOT, AZ 72023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000389939
01/23/06-80005-012 61.25

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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 address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #