



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90051 044 ****61.25

DOCUMENT # N97000006344 1. Entity Name THE POINTE AT HERON BAY ASSOCIATION, INC.					
Principal Place of Business A&M PARTNERS, INC. 3475 N HIATUS ROAD SUNRISE, FL 33351			Mailing Address A&M PARTNERS, INC. 3475 NORTH HIATUS ROAD SUNRISE, FL 33351		
2. Principal Place of Business - No P.O. Box # C/O EXCLUSIVE PROPERTY MGMT 1280 SW 36TH AVENUE Suite, Apt. #, etc. SUITE 301		3. Mailing Address 1280 S.W. 36TH AVENUE Suite, Apt. #, etc. SUITE 301		40073731 	
City & State POMPANO BEACH, FL Zip 33069		City & State POMPANO BEACH, FL Zip 33069		4. FEI Number 65-0624132 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01262007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent A&M PARTNERS, INC. 3475 N HIATUS ROAD SUNRISE, FL 33351			7. Name and Address of New Registered Agent Name TINA RYAN EXCLUSIVE PROPERTY MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 1280 SW 36TH AVENUE SUITE 301 City POMPANO BEACH FL Zip Code 33069		
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 <i>Tina Ryan</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4-10-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAPANARO, JOSEPH 3475 NORTH HIATUS ROAD SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. SAPANARO, JOSEPH 5854 N.W. 126TH TERRACE CORAL SPRINGS, FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MONTALVO, MELISSA 3475 NORT HIATUS ROAD SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MONTALVO, MELISSA 5902 NW 125TH AVENUE CORAL SPRINGS, FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GELUSO, JOSEPH 3475 NORTH HIATUS ROAD SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GELUSO, JOSEPH 12581 NW 60 PLACE CORAL SPRINGS, FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YOUNG, JEFF 3475 NORTH HIATUS ROAD SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YOUNG, JEFFREY 5855 NW 126TH TERRACE CORAL SPRINGS, FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMINOVSKY, GAIL 3475 NORTH HIATUS ROAD SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMINOVSKY, GAIL 12569 NW 60 PLACE CORAL SPRINGS, FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 15 APRIL 2007 <small>Date Daytime Phone #</small>		