

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90046 024 \*\*\*\*\*61.25

**DOCUMENT # N97000006707**

1. Entity Name  
**THE POINTE AT POMPANO BEACH CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**C/O DCI ASSOCIATION SVCS.  
2035 HARDING STREET, #200  
HOLLYWOOD, FL 33020**

Mailing Address  
**C/O DCI ASSOCIATION SVCS.  
2035 HARDING STREET, #200  
HOLLYWOOD, FL 33020**

**40039753**



2. Principal Place of Business - No P.O. Box #  
**Association Services of FL**

3. Mailing Address  
**Association Services of FL**

Suite, Apt. #, etc.  
**10112 USA TODAY WAY**

Suite, Apt. #, etc.  
**10112 USA TODAY WAY**

01092008 Chg-NP CR2E037 (12/06)

City & State  
**MIRAMAR, FLORIDA**

City & State  
**MIRAMAR, FLORIDA**

4. FEI Number  
**36-4270407**

Applied For  
Not Applicable

Zip  
**33025**

Country  
**USA**

Zip  
**33025**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEYROWITZ, ANDREW  
C/O DCI  
2035 HARDING STREET, SUITE 200  
HOLLYWOOD, FL 33020-2797**

Name **BARBARA HERNDON, PRESIDENT**

Street Address (P.O. Box Number is Not Acceptable)  
**ASSOCIATION SERVICES OF FLORIDA**

**10112 USA TODAY WAY**

City **MIRAMAR**

FL

Zip Code  
**33025**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
**VPD  
LEHMAN, JOAN A  
2880 NE 14TH ST # 913  
POMPANO BEACH, FL 33062** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BELLO, VINCENT  
2880 NE 14TH STREET, #212  
POMPANO BEACH, FL 33062** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
GOODWIN, STUART  
2880 NE 14TH STREET, #908  
POMPANO BEACH, FL 33062** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
MERCADANTE, SHARON  
2880 NE 14TH STREET, 501  
POMPANO BEACH, FL 33062** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
Mary Ann Holmes  
2880 NE 14th St 411  
Pompano Beach, FL 33062** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PICCIANO, JOANNA  
2880 NE 14TH ST 817  
POMPANO BEACH, FL 33062** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**STUART GOODWIN**

**2/13/08**

**9546107789**