

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # N99000006555

1. Entity Name
**POINTE WEST MEDICAL PARK OWNERS ASSOCIATION,
INC.**



Principal Place of Business
**4007 BAYSIDE DRIVE
BRADENTON, FL 34210**

Mailing Address
**4007 BAYSIDE DRIVE
BRADENTON, FL 34210**



02242008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0995245

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SILVERMAN, HARRIS
4007 BAYSIDE DRIVE
BRADENTON, FL 34210**

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
FERNANDEZ, ENRIQUE J
2902 59TH STREET WEST SUITE A
BRADENTON, FL 34209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
NGUYEN, TRI
6215 21ST AVENUE WEST SUITE B
BRADENTON, FL 34209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
SILVERMAN, HARRIS
4007 BAYSIDE DRIVE
BRADENTON, FL 34210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000848447
03/20/08-80018-006 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRIS Silverman

2/22/08

Date

Daytime Phone #

(941) 792 2020