

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P97000068138

1. Entity Name
POINTE WEST OF VERO BEACH, INC.



Principal Place of Business

1999 POINTE WEST DR
VERO BEACH, FL 32963 US

Mailing Address

1999 POINTE WEST DR
VERO BEACH, FL 32963 US



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0785063

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MECHLING, CHARLES
1999 POINTE WEST DRIVE
VERO BEACH, FL 32966

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME MECHLING, CHARLES
STREET ADDRESS 1999 POINTE WEST DR
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE STD
NAME JONES, THOMAS
STREET ADDRESS 1999 POINTE WEST DR
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE
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U00000762640
05/29/07-80015-024 150.00

**DO NOT WRITE
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 607, 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 #

Charles Mechling 5/1/07 7727949912