

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41359

Entity Name: POINTE CORAL CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 22, 2023
Secretary of State
4366487314CC

Current Principal Place of Business:

C/O AMERICAN CONDO MGMT
4223 DEL PRADO BLVD S
CAPE CORAL, FL 33904

Current Mailing Address:

C/O AMERICAN CONDO MGMT
P.O. BOX 100399
CAPE CORAL, FL 33910 US

FEI Number: 65-0237430

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KASE, SUSAN
C/O AMERICAN CONDO MGMT
4223 DEL PRADO BLVD S
CAPE CORAL, FL 33904 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name DAVIS, WILLIAM
Address C/O AMERICAN CONDO MGMT
 P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title SECRETARY
Name STEFANSKI, KATHRYN
Address C/O AMERICAN CONDO MGMT
 P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title PRESIDENT
Name LAMB, JEFFREY
Address C/O AMERICAN CONDO MGMT
 P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title VP
Name LYNCH, CARRIE
Address C/O AMERICAN CONDO MGMT
 P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title DIRECTOR
Name WATSON, CONSTANCE
Address C/O AMERICAN CONDO MGMT
 P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY LAMB

PRESIDENT

04/22/2023

Electronic Signature of Signing Officer/Director Detail

Date