

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41359

**Entity Name:** POINTE CORAL CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 22, 2022**  
**Secretary of State**  
**6979945866CC**

**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           ANDERSON, BRIAN  
Address        C/O AMERICAN CONDO MGMT  
                  P.O. BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

Title           VP  
Name           LAMB, JEFFREY  
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: BRIAN ANDERSON**

**PRESIDENT**

**02/22/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date