

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000079125

**Entity Name:** POINTE GROUP MANAGEMENT, INC.

**Current Principal Place of Business:**

13218 WEST BROWARD BLVD  
PLANTATION, FL 33325

**Current Mailing Address:**

C/O POINTE GROUP ADVISORS  
13218 WEST BROWARD BLVD  
PLANTATION, FL 33325 US

**FEI Number:** 20-0099891

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GARDNER, PETER C  
C/O POINTE GROUP ADVISORS  
13218 WEST BROWARD BLVD  
PLANTATION, FL 33325 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 P/D  
Name GARDNER, PETER C  
Address C/O POINTE GROUP ADVISORS  
13218 WEST BROWARD BLVD  
City-State-Zip: PLANTATION FL 33325

Title ST  
Name FITZGERALD, LUCETTE L  
Address C/O POINTE GROUP ADVISORS  
13218 WEST BROWARD BLVD  
City-State-Zip: PLANTATION FL 33325

Title D  
Name HAMILTON, ALFRED  
Address C/O POINTE GROUP ADVISORS  
13218 WEST BROWARD BLVD  
City-State-Zip: PLANTATION FL 33325

Title DV  
Name DRISCOLL, WILLIAM L  
Address C/O POINTE GROUP ADVISORS  
13218 WEST BROWARD BLVD  
City-State-Zip: PLANTATION FL 33325

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER GARDNER

**PRESIDENT**

**03/30/2016**

Electronic Signature of Signing Officer/Director Detail

Date