

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90107 017 ****61.25

DOCUMENT # 732588	
1. Entity Name ENVOY POINT CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business 4175 EAST BAY SR SUITE 205 CLEARWATER, FL 33764 US	Mailing Address 4175 EAST BAY SR SUITE 205 CLEARWATER, FL 33764 US
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2. Principal Place of Business - No P.O. Box # <i>7100 Sunset Way</i>	3. Mailing Address <i>7100 Sunset Way</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>St. Pete Beach, Fl.</i>	City & State <i>St. Pete Beach, Fl.</i>
Zip <i>33706</i>	Zip <i>33706</i>
Country <i>U.S.</i>	Country <i>U.S.</i>



01252007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1724179	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT CONCEPTS, INC 4175 EAST BAY DR SUITE 205 CLEARWATER, FL 33764	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENER, VONKA 7100 SUNSET WAY #902-W SAINT PETERSBURG, FL 33706 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. David Easterman 7100 Sunset Way #412-W St. Pete Beach, Fl. 33706 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NESPER, JIM 88 HALSON PARKWAY E. AMHERST, NY 14051 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. James Trepper 7100 Sunset Way 201-E St. Pete Beach, Fl. 33706 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EASTERMAN, BLVD 7100 SUNSET WAY, # 412W SAINT PETERSBURG, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. James Biddle 33 Knob Hill Rd. Orchard Park, NY 14127 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARSA, CLAUDE 7100 SUNSET WAY, #1212W SAINT PETERSBURG BEACH, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy. Claude Barsa 7100 Sunset Way #1212-W ST. Pete Beach, Fl 33706 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHNS, ALAN 7100 SUNSET WAY, # 104 E SAINT PETERSBURG, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delegate James Truitt 7100 Sunset Way St. Pete Beach, Fl. 33706 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANZIG, MARILYN 7100 SUNSET WAY, # 1106 W SAINT PETERSBURG, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delegate Gilbert Gentry 494 Johns Pass Ave. Madeira Beach, FL 33708 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *J. Biddle* *J. Biddle* 2-14-07 727-360-9224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #