

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morman  
Secretary of State  
DIVISION OF CORPORATIONS



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:01

DOCUMENT # 765516 (0)  
1. Corporation Name  
POINTE PLEASANT HARBOUR CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business Mailing Address  
10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668  
10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/22/1982  
3a. Date of Last Report 03/21/1994  
4. FEI Number 59-2144704  
Applied For Not Applicable

5. Certificate of Status Desired  \$0.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
QUALIFIED PROPERTY MANAGEMENT, INC.  
10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CONLIN, T
STREET ADDRESS	4823 EBBTIDE LANE 104 201
CITY-ST-ZIP	PT RICHEY FL
TITLE	DS
NAME	SCHEIDLER, E
STREET ADDRESS	5914 LIBERTY FAIRFIELD RD
CITY-ST-ZIP	HAMILTON OH
TITLE	VD
NAME	WEISS, LAUREL
STREET ADDRESS	4823 EBBTIDE LANE #502
CITY-ST-ZIP	PT. RICHEY FL
TITLE	DP
NAME	FREY, BRUCE
STREET ADDRESS	4823 EBBTIDE LANE #306
CITY-ST-ZIP	PORT RICHEY FL
TITLE	TD
NAME	DECUBELLIS, JAMES
STREET ADDRESS	4823 EBBTIDE LANE, 102
CITY-ST-ZIP	PT. RICHEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Frey, Bruce	
1.3 STREET ADDRESS	4723 Ebbtide Lane 302	
1.4 CITY-ST-ZIP	Port Richey FL	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Weiss, Laurie	
2.3 STREET ADDRESS	4823 Ebbtide Lane 502	
2.4 CITY-ST-ZIP	Port Richey, FL	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lefebvre, Barbara	
3.3 STREET ADDRESS	RFD #1, 1619 Hermance Rd.	
3.4 CITY-ST-ZIP	Galway, NY 12074	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Phillip, Edith	
4.3 STREET ADDRESS	4823 Ebbtide Lane 302	
4.4 CITY-ST-ZIP	Port Richey, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edith Phillips 3/6/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Edith Phillips