

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

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SUITE 17
PORT RICHEY FL 34668

3. Date Incorporated or Qualified
10/22/1982

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2144704

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUALIFIED PROPERTY MANAGEMENT, INC.
10730 U.S. 19
SUITE 17
PORT RICHEY FL 34668

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FREY, BRUCE	
STREET ADDRESS	4723 EBBTIDE LANE 302	
CITY-ST-ZIP	PT RICHEY FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, LAURIE	
STREET ADDRESS	4823 EBBTIDE LANE 502	
CITY-ST-ZIP	HAMILTON OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEFEBVRE, BARBARA	
STREET ADDRESS	RFD #1, 1619 HERMANCE RD.	
CITY-ST-ZIP	GALWAY NY	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIP, EDITH	
STREET ADDRESS	4823 EBBTIDE LANE 302	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DECUBELLIS, JAMES	
STREET ADDRESS	4823 EBBTIDE LANE, 102	
CITY-ST-ZIP	PT. RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Passmore, Charles	
1.3 STREET ADDRESS	4823 Ebbtide Lane 403	
1.4 CITY-ST-ZIP	Port Richey, FL	
2.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Spence, Maurice F.	
2.3 STREET ADDRESS	4523 Ebbtide 203	
2.4 CITY-ST-ZIP	Port Richey, FL	
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bosies, Kenneth	
4.3 STREET ADDRESS	4823 Ebbtide 404	
4.4 CITY-ST-ZIP	Port Richey, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Scheidler, Earl	
5.3 STREET ADDRESS	4823 Ebbtide Lane 206	
5.4 CITY-ST-ZIP	Port Richey, FL	
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)(k), 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:

Barbara Lefebvre President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96
Date

813-842-2257
Daytime Phone #

CR2E037 (12/95)