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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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: 10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668
Mailing Address: 10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668-2883

3. Date Incorporated or Qualified: 10/22/1982
3a. Date of Last Report: 03/26/1996
4. FEI Number: 59-2144704
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
10. Name and Address of New Registered Agent

2. Principal Place of Business: 21 4823 Ebbtide Lane, Suite, Apt. #, etc. 22 Port Richey, FL 23 34668 24 25 Passes 26 5609 U.S. Hwy 19 Suite E 27 New Port Richey, FL 28 34652 29 30 USA
9. Name and Address of Current Registered Agent

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

81 Name: Kim Johnson
82 Street Address (P.O. Box Number is Not Acceptable): 5609 U.S. Hwy 19
83 Suite E
84 City: New Port Richey, FL 85 Zip Code: 34652

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]

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when registering)

April 4, 1997
DATE

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
VD	PASSMORE, CHARLES	4823 EBBTIDE LANE 403	PORT RICHEY FL	<input type="checkbox"/> DELETE			
TD	SPENCE, MAURICE F.	4523 EBBTIDE 203	PORT RICHEY FL	<input type="checkbox"/> DELETE			
PD	LEFEBVRE, BARBARA	RFD #1, 1619 HERMANCE RD.	GALWAY NY	<input type="checkbox"/> DELETE	3.1 TITLE	PD	3.2 NAME
SD	BOSIES, KENNETH	4823 EBBTIDE 404	PORT RICHEY FL	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	Barbara LeFebvre	3.4 CITY - ST - ZIP
D	SCHEIDLER, EARL	4823 EBBTIDE LANE 206	PORT RICHEY FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS
					4.4 CITY - ST - ZIP	Pat Ankelman	4.5 STREET ADDRESS
					5.1 TITLE	4823 Ebbtide Lane #301	5.2 NAME
					5.2 NAME	Port Richey, FL	5.3 STREET ADDRESS
					5.3 STREET ADDRESS	34668	5.4 CITY - ST - ZIP
					5.4 CITY - ST - ZIP		6.1 TITLE
					6.1 TITLE		6.2 NAME
					6.2 NAME		6.3 STREET ADDRESS
					6.3 STREET ADDRESS		6.4 CITY - ST - ZIP
					6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature]

CR2E037 (9/96)