

FILE NOW: FILING FEE IS \$61.25

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**Mar 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765516 (0)

1. Corporation Name
POINTE PLEASANT HARBOUR CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business 4823 EBBTIDE LN PORT RICHEY FL 34668 US	Mailing Address 5809 US HWY 19 E NEW PT RICHEY FL 34652 US
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3. Date Incorporated or Qualified 10/22/1982	
4. FEI Number 59-2144704	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 10730 U. S. 19 Suite, Apt. #, etc. 27 Suite 17 City & State 28 Port Richey, FL Zip 29 34668 Country 30 Pasco
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

JOHNSON, KIM
5809 US HWY 19
E
NEW PRT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name Qualified Property Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 10730 U. S. 19, Suite 17
83
84 City Port Richey FL 85 Zip Code 34668

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]* DATE: _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PASSMORE, CHARLES		1.2 NAME Johnson, Shayne	
STREET ADDRESS 4823 EBBTIDE LANE 403 ---		1.3 STREET ADDRESS 4823 Ebbtide Lane, 201	
CITY-ST-ZIP PORT RICHEY FL ---		1.4 CITY-ST-ZIP Port Richey, FL	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPENCE, MAURICE F.		2.2 NAME	
STREET ADDRESS 4523 EBBTIDE 203		2.3 STREET ADDRESS	
CITY-ST-ZIP PORT RICHEY FL		2.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEFEBVRE, BARBARA		3.2 NAME	
STREET ADDRESS 4823 EBBTIDE LN, 402		3.3 STREET ADDRESS	
CITY-ST-ZIP PRT RICHEY FL		3.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOSIES, KENNETH		4.2 NAME	
STREET ADDRESS 4823 EBBTIDE 404		4.3 STREET ADDRESS	
CITY-ST-ZIP PORT RICHEY FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ANKELMAN, PAT--		5.2 NAME Olson, Ed	
STREET ADDRESS 4023 EBBTIDE LN, 801--		5.3 STREET ADDRESS 4823 Ebbtide Lane, 303	
CITY-ST-ZIP PORT RICHEY FL ---		5.4 CITY-ST-ZIP Port Richey, FL	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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]* **2/27/98** **813-842-4202**

CR2E037 (10/97)