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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765516

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

Principal Place of Business 4823 EBBTIDE LN PORT RICHEY FL 34668 US	Mailing Address 10730 US 19 STE 17 PORT RICHEY FL 34668 US
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2. Principal Place of Business 21	2a. Mailing Address 26 8406 Massachusetts Ave. Suite, Apt. #, etc. 27 Suite B-3	3. Date Incorporated or Qualified 10/22/1982
22	23 City & State 28 New Port Richey, FL	4. FEI Number 59-2144704 Applied For Not Applicable
24 Zip 25 Country	29 34653 30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

QUALIFIED PROPERTY MANAGEMENT INC
 10730 US 19
 STE 17
 PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name **COMMUNITY MANAGEMENT SERVICES, INC.**
 82 Street Address (P.O. Box Number is Not Acceptable)
 8406 Massachusetts Ave.
 83 Suite B-3
 84 City **New Port Richey** **FL** 85 Zip Code **34653**

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 **3/23/99**

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

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, SHAYNE	
STREET ADDRESS	4823 EBBTIDE LANE, 201	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SPENCE, MAURICE F.	
STREET ADDRESS	4523 EBBTIDE 203	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEFEBVRE, BARBARA	
STREET ADDRESS	4823 EBBTIDE LN, 402	
CITY-ST-ZIP	PRT RICHEY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BOSIES, KENNETH	
STREET ADDRESS	4823 EBBTIDE 404	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLSON, ED	
STREET ADDRESS	4823 EBBTIDE LANE, 303	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	OLSON, ED	
1.3 STREET ADDRESS	4823 EBBTIDE LANE, 303	
1.4 CITY-ST-ZIP	PORT RICHEY, FL 34668	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BROWN, TOM	
2.3 STREET ADDRESS	4823 EBBTIDE LANE, 503	
2.4 CITY-ST-ZIP	PORT RICHEY, FL 34668	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GOLUBA, BOB	
3.3 STREET ADDRESS	4823 EBBTIDE LANE, 101	
3.4 CITY-ST-ZIP	PORT RICHEY, FL 34668	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOHNSTON, STEVE	
4.3 STREET ADDRESS	4823 EBBTIDE LANE, 105	
4.4 CITY-ST-ZIP	PORT RICHEY, FL 34668	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VANSTORY, RUSSELL	
5.3 STREET ADDRESS	4823 EBBTIDE LANE #502	
5.4 CITY-ST-ZIP	PORT RICHEY, FL 34668	
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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **3/23/99** DAYTIME PHONE #: **727-847-3482**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)