

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90004 026 ****61.25

DOCUMENT # 765516

1. Entity Name

POINTE PLEASANT HARBOUR CONDOMINIUMS ASSOCIATION

Principal Place of Business

Mailing Address

4823 EBBTIDE LN
 PORT RICHEY FL 34668
 US

8406 MASSACHUSETTS AVE
 STE B-3
 PORT RICHEY FL 34653-3130
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2144704

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMMUNITY MANAGEMENT SERVICES, INC.
8406 MASSACHUSETTS AVE
STE B-3
NEWPORT RICHEY

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VD	BROWN, TOM	4823 EBBTIDE LANE #503	PORT RICHEY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	VANSTORY, RUSSELL	4823 EBBTIDE LANE #502	PORT RICHEY FL 34668	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	JOHNSTON, STEVE	4823 EBBTIDE LANE #105	PORT RICHEY FL 34668	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	GOLUBA, BOB	4823 EBBTIDE LANE #101	PORT RICHEY FL 34668	<input checked="" type="checkbox"/>	SD	BRELAND, BARRY	4823 EBBTIDE LANE #402	PORT RICHEY, FL. 34668	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	OLSON, ED	4823 EBBTIDE LANE, 303	PORT RICHEY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

Daytime Phone #

CR2E037 (9/99)