

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90067 048 ****61.25

DOCUMENT # 765516
 1. Entity Name
POINTE PLEASANT HARBOUR CONDOMINIUMS ASSOCIATION

Principal Place of Business 4823 EBBTIDE LN PORT RICHEY FL 34668 US	Mailing Address 8406 MASSACHUSETTS AVE STE B-3 PORT RICHEY FL 34653 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
COMMUNITY MANAGEMENT SERVICES, INC.
 Suite, Apt. # **8056 OLD C.R. 54**
 City & State **NEW PORT RICHEY, FL 3465**

3. Mailing Address
COMMUNITY MANAGEMENT SERVICES, INC.
 Suite, Apt. # **8056 OLD C.R. 54**
 City & State **NEW PORT RICHEY, FL 34653**

Zip	Country USA	Zip	Country USA
-----	--------------------	-----	--------------------

4. FEI Number **59-2144704** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
COMMUNITY MANAGEMENT SERVICES, INC.
 8406 MASSACHUSETTS AVE
 STE B-3
 PORT RICHEY FL 34653

7. Name and Address of New Registered Agent
 Name - **COMMUNITY MANAGEMENT SERVICES, INC.**
 Street Address (P.O. Box Numbers Not Acceptable) **8056 OLD C.R. 54**
 City **NEW PORT RICHEY, FL 34653** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Passmore, Charles	
STREET ADDRESS	4823 Ebbtide Lane #403	
CITY-ST-ZIP	Port Richey FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* 4-27-01 (727)375-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)