

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90027 025 ****61.25

DOCUMENT # 765516

1. Entity Name

POINTE PLEASANT HARBOUR CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business

COMMUNITY MANAGEMENT SERVICES, INC
8056 OLD CR 54
NEW PORT RICHEY FL 34653
US

Mailing Address

COMMUNITY MANAGEMENT SERVICES, INC
8056 OLD CR 54
NEW PORT RICHEY FL 34653
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

COMMUNITY MANAGEMENT SERVICES, INC
8056 OLD CR 54
~~SPF-08~~
NEW PORT RICHEY FL 34653

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 **VD** Delete
 NAME **BROWN, TOM**
 STREET ADDRESS **4823 EBBTIDE LANE #503**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **D** Change Addition
 NAME **Ruby Christensen**
 STREET ADDRESS **4823 Ebbtide Lane #304**
 CITY-ST-ZIP **Port Richey, FL 34668**

TITLE **TD** Delete
 NAME **JOHNSTON, STEVE**
 STREET ADDRESS **4823 EBBTIDE LANE #105**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **BRELAND, BARRY**
 STREET ADDRESS **4823 EBBTIDE LN. #402**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **OLSON, ED**
 STREET ADDRESS **4823 EBBTIDE LANE, 303**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PASSMORE, CHARLES**
 STREET ADDRESS **4823 EDDTIDE LANE #403**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE Change Addition
 NAME **Tres Charles Passmore**
 STREET ADDRESS **4823 Ebbtide Lane # 403**
 CITY-ST-ZIP **Port Richey, FL 34668**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)