

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90066 043 ****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



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

COMMUNITY MANAGEMENT SERVICES, INC
8056 OLD CR 54
~~STE B-3~~
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE SD ☐ Delete
NAME DESON, DON
STREET ADDRESS 4803 EBBTIDE LN. #203
CITY-ST-ZIP PORT RICHEY FL 34668

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

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

TITLE D ☐ Delete
NAME CHRISTENSEN, RUBY
STREET ADDRESS 4823 EBBTIDE LANE #304
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
NAME Don Deso
STREET ADDRESS 4823 Ebbtide Lane # 203
CITY-ST-ZIP Port Richey, FL 34668

TITLE D ☒ Change ☐ Addition
NAME Ed Olson
STREET ADDRESS 4823 Ebbtide Lane # 303
CITY-ST-ZIP Port Richey, FL 34668

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Change ☐ Addition
NAME Ruby Reed
STREET ADDRESS 4823 Ebbtide Lane # 304
CITY-ST-ZIP Port Richey, FL 34668

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/04