

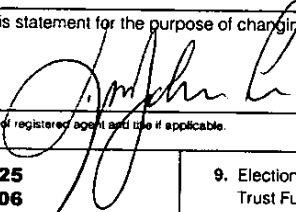
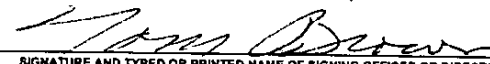


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90418 018 ****62.50

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. 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652		
2. Principal Place of Business 5609 US 19 Suite, Apt. #, etc. Suite E City & State New Port Richey, FL		3. Mailing Address 5609 US 19 Suite, Apt. #, etc. Suite E City & State New Port Richey, FL			
4. FEI Number 59-2144704		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01092006 Chg-NP CR2E037 (11/05)			
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT SERVICES, INC 8056 OLD CR 54 NEW PORT RICHEY, FL 34653			7. Name and Address of New Registered Agent Name Community Management Street Address (P.O. Box Number is Not Acceptable) 5609 US 19 Suite, Apt. #, etc. Suite E City New Port Richey		
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.				DATE 3/28/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, TOM	NAME			
STREET ADDRESS	4823 EBBTIDE LANE #503	STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY, FL 34668	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DON, DESO	NAME			
STREET ADDRESS	4823 EBBTIDE LANE, #203	STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY, FL 34668	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLSON, ED	NAME			
STREET ADDRESS	4823 EBBTIDE LANE, #303	STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY, FL 34668	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, HEATHER	NAME			
STREET ADDRESS	2693 WESTCHESTER DR N	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33761	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERLAND, BARRY	NAME			
STREET ADDRESS	4823 EBBTIDE LANE #402	STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY, FL 34668	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____				Date 727-840-1598	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	