

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765516

FILED
Apr 21, 2009
Secretary of State

Entity Name: POINTE PLEASANT HARBOUR CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

5837 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5837 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-2144704 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT
5873 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BROWN, TOM
Address: 4823 EBBTIDE LANE #503
City-St-Zip: PORT RICHEY, FL 34668

Title: PD () Delete
Name: DON, DESO
Address: 4823 EBBTIDE LANE, #203
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: OLSON, ED
Address: 4823 EBBTIDE LANE, #303
City-St-Zip: PORT RICHEY, FL 34668

Title: SD () Delete
Name: STETHOPOULAS, HEATHER
Address: 2693 WESTCHESTER DR N
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: MCELMURRAY, JAMES
Address: 276 W. ROVERGLEN DR.
City-St-Zip: WORTHINGTON, OH 43085

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPTD (X) Change () Addition
Name: BROWN, TOM
Address: 4823 EBBTIDE LANE #503
City-St-Zip: PORT RICHEY, FL 34668

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MCELMURRAY, JAMES
Address: 276 W RIVERGLEN DRIVE
City-St-Zip: WORTHINGTON, OH 43085

Title: D (X) Change () Addition
Name: SMITH, HEATHER
Address: 2693 WESTCHESTER DRIVE NORTH
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM BROWN

Electronic Signature of Signing Officer or Director

VP

04/21/2009

Date