

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765516

**Entity Name:** POINTE PLEASANT HARBOUR CONDOMINIUMS ASSOCIATION, INC.

**FILED  
Apr 30, 2019  
Secretary of State  
6682567017CC**

**Current Principal Place of Business:**

5207 TROUBLE CREEK RD.  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5207 TROUBLE CREEK RD.  
NEW PORT RICHEY, FL 34652 US

**FEI Number: 59-2144704**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT SERVICES, INC.  
5207 TROUBLE CREEK RD.  
NEW PORT RICHEY, FL 34652 US

*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

**Officer/Director Detail :**

Title SECRETARY  
Name SCHOETTLE, DONNA  
Address 5207 TROUBLE CREEK RD.  
City-State-Zip: NEW PORT RICHEY FL 34652

Title PRESIDENT  
Name DON, DESO  
Address 5207 TROUBLE CREEK RD.  
City-State-Zip: NEW PORT RICHEY FL 34652

Title TREASURER  
Name FREY, JOYCE  
Address 5207 TROUBLE CREEK RD.  
City-State-Zip: NEW PORT RICHEY FL 34652

Title VP  
Name KEOUGH, TIM  
Address 5207 TROUBLE CREEK RD.  
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR  
Name MCKEEN, RICHARD  
Address 5207 TROUBLE CREEK RD.  
City-State-Zip: NEW PORT RICHEY FL 34652

*I hereby 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 all other like empowered.*

**SIGNATURE: DON DESO**

**PRESIDENT**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date