# 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. 04/29/2021 SIGNATURE: DON DESO

Electronic Signature of Signing Officer/Director Detail

	Electronic Signature of Registered Agent				
Officer/Director Detail :					
Title	SECRETARY	Title	PRESIDENT		
Name	SCHOETTLE, DONNA	Name	DON, DESO		
Address	5207 TROUBLE CREEK RD.	Address	5207 TROUBLE CREEK RD.		
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652		
		<b>T</b> :41 a	)/P		
Title	TREASURER	Title	VP		
Name	DEFRANCESCO, MICHELLE	Name	MCKEEN, RICHARD		
Address	5207 TROUBLE CREEK RD.	Address	5207 TROUBLE CREEK RD.		
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652		

NEW PORT RICHEY, FL 34	
The above named entity submits	this statement for the purpose of changing its registered office or registered

COMMUNITY MANAGEMENT SERVICES, INC. 5207 TROUBLE CREEK RD

**Current Mailing Address:** 

DOCUMENT# 765516

ASSOCIATION, INC.

5207 TROUBLE CREEK RD. NEW PORT RICHEY, FL 34652

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

**Current Principal Place of Business:** 

SIGNATURE:

# Name and Address of Current Registered Agent:

N

# Entity Name: POINTE PLEASANT HARBOUR CONDOMINIUMS

Certificate of Status Desired: No

e purpose of changing its registered office or registered agent, or both, in the State of Florida.

FEI Number: 59-2144704

# 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2021 Secretary of State 6638757002CC

Date

PRESIDENT