
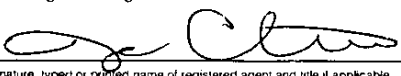
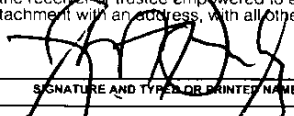


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90095 050 ****61.25

DOCUMENT # 755228 1. Entity Name POINT PLEASANT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044			Mailing Address 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044		
2. Principal Place of Business - No P.O. Box # 4301 32nd ST. W.		3. Mailing Address 			
Suite, Apt. #, etc. SUITE A-20		Suite, Apt. #, etc. 			
City & State BRADENTON, FL 34205		City & State 			
Zip FL		Country USA		Zip 	
Country 					
4. FEI Number 26-2431111				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HART, JAMES W JR. 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044			7. Name and Address of New Registered Agent Point Pleasant Condominium Mgmt Services, Inc. 4301 32nd St. W. Ste. A-20 BRADENTON FL 34205		
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  DATE 4/25/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P DUNLAP, JOSEPH P.O. BOX 720 BATESVILLE, MS 38606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULVER, CATHY 9516 CORTEZ RD WEST #2 BRADENTON, FL 34210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOBIAS, RBT 210 NW 17 ST, #2 BRADENTON, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROGERS, DAVID PO BOX 77 LA GRANGE, TN 38046	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEBBER, KEN 507 HILLCREST DRIVE BRADENTON, FL 34209	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:  JOSEPH A. DUNLAP 4-26-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					