

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 758355 (2)

1. Corporation Name

SETTLERS POINTE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1301 SEMINOLE BLVD #172  
LARGO FL 34640  
US

1301 SEMINOLE BLVD #172  
LARGO FL 34640  
US

3. Date Incorporated or Qualified: 05/14/1981  
3a. Date of Last Report: 02/22/1995

21	2. Principal Place of Business	2a. Mailing Address	26
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27
23	City & State	City & State	28
24	Zip	Country	29
25		Country	30

4. FEI Number	Applied For
59-2151800	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DARREN SHAW-STERLING MANAGEMENT  
1301 SEMINOLE BLVD  
SUITE 172  
LARGO FL 34640

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TDS MYERS, GWEN <input type="checkbox"/> DELETE	1.1 TITLE	DP Brenda Keefe <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	14802 WINDING CREEK CT	1.2 NAME	14827 Winding Creek Ct
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	Tampa, FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD WUJCIK, JULIE K <input type="checkbox"/> DELETE	2.1 TITLE	DVP Manuel Rodriguez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	14810 WINDING CREEK CT	2.2 NAME	14814 Winding Creek Ct
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	Tampa, FL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD BROWN, CAROL <input type="checkbox"/> DELETE	3.1 TITLE	DT/S Gwen Myers <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14826 WINDING CREEK CT	3.2 NAME	14802 Winding Creek Ct
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS	Tampa, FL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Brenda Keefe  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/96 813 2654234  
Date Daytime Phone #

CR2E037 (12/95)