

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758355 (2)
1. Corporation Name
SETTLERS POINTE ASSOCIATION, INC.



Principal Place of Business 1301 SEMINOLE BLVD #172 LARGO FL 34640 US	Mailing Address 1301 SEMINOLE BLVD #172 LARGO FL 33770-8113 US
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3. Date Incorporated or Qualified 05/14/1981	3a. Date of Last Report 02/21/1996
4. FEI Number 59-2151800	Applied For <input type="checkbox"/> Not Applicable
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	

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

9. Name and Address of Current Registered Agent
**DARREN SHAW-STERLING MANAGEMENT
1301 SEMINOLE BLVD
SUITE 172
LARGO FL 34640**

10. Name and Address of New Registered Agent
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]* DATE: **1/13/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TDS	NAME MYERS, GWEN	1.1 TITLE PD Evelyn Wilson	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14802 WINDING CREEK CT	CITY-ST-ZIP TAMPA FL	1.2 NAME 14704 Winding Creek Ct.	
		1.3 STREET ADDRESS Tampa, Fl. 33613	
		1.4 CITY-ST-ZIP	
TITLE VD	NAME WUJCIK, JULLIE K	2.1 TITLE UTD Emanuel Rodriguez	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14810 WINDING CREEK CT	CITY-ST-ZIP TAMPA FL	2.2 NAME 14814 Winding Creek Ct.	
		2.3 STREET ADDRESS Tampa, Fl. 33613	
		2.4 CITY-ST-ZIP	
TITLE PD	NAME BROWN, CAROL	3.1 TITLE SD George Cuyler	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14826 WINDING CREEK CT	CITY-ST-ZIP TAMPA FL	3.2 NAME 14815 Winding Creek Ct.	
		3.3 STREET ADDRESS Tampa, Fl. 33613	
		3.4 CITY-ST-ZIP	
TITLE DP	NAME KEEFE, BRENDA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14827 WINDING CREEK COURT	CITY-ST-ZIP TAMPA FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE DVP	NAME RODRIGUEZ, MANUEL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14814 WINDING CREEK COURT	CITY-ST-ZIP TAMPA FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE DTS	NAME MYERS, GWEN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14802 WINDING CREEK COURT	CITY-ST-ZIP TAMPA FL	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* DATE: **1/13/96** DAYTIME PHONE: **813 1289-5709**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)