


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 758355 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 34640 US	

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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 05/14/1981	4. FEI Number 59-2151800	Applied For Not Applicable
23. Zip Country	28. Zip Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24. Zip Country	29. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent BARRON SHAW-STERLING MANAGEMENT 1301 SEMINOLE BLVD SUITE 172 LARGO FL 34640	10. Name and Address of New Registered Agent 81 Name MARK J. STROP 82 Street Address (P.O. Box Number is Not Acceptable) 83 STERLING MANAGEMENT, INC. 1301 Seminole Blvd., Suite 172 84 City Largo, Florida 33770 FL 85 Zip Code
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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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRES
NAME	HOWARD, JOHN	1.2 NAME	HELEN SCALIONE
STREET ADDRESS	14829 WINDING CREEK CT	1.3 STREET ADDRESS	14822 Winding Creek Ct.
CITY-ST-ZIP	TAMPA FL 33613	1.4 CITY-ST-ZIP	Largo, FL 33612
TITLE	SD	2.1 TITLE	V.P.
NAME	CUYLER, GEORGE	2.2 NAME	Branda Keefe
STREET ADDRESS	14815 WINDING CREEK CT	2.3 STREET ADDRESS	14827 Winding Creek Ct.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Largo, FL 33612
TITLE	PD	3.1 TITLE	Secy/Treas.
NAME	OLSON, EVELYN	3.2 NAME	Catherine Sheridan
STREET ADDRESS	14804 WINDING CREEK CT	3.3 STREET ADDRESS	14804 Winding Creek Ct.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Largo, FL 33612
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** DATE: _____ DAYTIME PHONE # _____

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