

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90030 023 ****61.25

DOCUMENT # 758355

1. Entity 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 33770-8113
 US

2. Principal Place of Business

3. Mailing Address

2880 SCHERER DR.

2880 SCHERER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

840

840

City & State

ST. PETE, FL.

City & State

ST. PETE, FL.

4. FEI Number

59-2151800

Applied For

Not Applicable

Zip

33716

Country

USA

Zip

33716

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOOPS

STRAPS, MARK S.
~~1301 SEMINOLE BLVD~~
~~SUITE 172~~
~~LARGO FL 33770~~

Sterling Management, Inc.
2880 Scherer Drive, Suite 840
St. Petersburg, Florida 33716

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCALLIONE, HELEN	
STREET ADDRESS	14822 WINDING CREEK CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KEEFE, BRENDA	
STREET ADDRESS	14827 WINDING CREEK CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	SDT	<input checked="" type="checkbox"/> Delete
NAME	SHERIDAN, CATHERINE	
STREET ADDRESS	14806 WINDING CREEK CT	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, MANUEL	
STREET ADDRESS	14814 WINDING CREEK CT.	
CITY-ST-ZIP	TAMPA, FL. 33613	
TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLER, Rachel	
STREET ADDRESS	14828 WINDING CREEK CT.	
CITY-ST-ZIP	TAMPA, FL. 33613	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBSON, ANN	
STREET ADDRESS	14832 WINDING CREEK CT.	
CITY-ST-ZIP	TAMPA, FL. 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/2000

Date

7272999555

Daytime Phone #

CR2E037 (9/99)