

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90070 048 ****61.25

DOCUMENT # 758355

1. Entity Name

SETTLERS POINTE ASSOCIATION, INC.

00021302



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
2880 SCHEZER DR 840 SAINT PETERSBURG FL 33716 US		2880 SCHEZER DR 840 SAINT PETERSBURG FL 33716 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-2151800	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOOPS, MARK S
STERLING MANAGEMENT INC
2880 SCHERER DRIVE STE 840
SAINT PETERSBURG FL 33716

7. Name and Address of New Registered Agent

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLER, RACHAEL	
STREET ADDRESS	14828 WINDING CREEK CT.	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	V	<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	SDT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEFE, BRENDA	
STREET ADDRESS	14827 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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/21/01 Daytime Phone #: 727-295-9555

CR2E037 (10/00)