

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90757 029 \*\*\*\*61.25

00463632

**DOCUMENT # 758355**

1. Entity Name

**SETTLERS POINTE ASSOCIATION, INC.**

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

4. FEI Number

**59-2151800**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name: *Joseph Cron Frone*  
 Street Address (P.O. Box Number is Not Acceptable): *1768 Bayshore Blvd*  
 City: *Dunedin* FL Zip Code: *34698*

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: *Joseph R. Cron Frone*  
 Signature, typed or printed name of registered agent and title if applicable.

DATE: *3/31/02*

(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 NAME	PD MULLER, RACHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	14878 WINDING CREEK CT.	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE NAME	SDT KEEFE, BRENDA	<input type="checkbox"/> Delete
STREET ADDRESS	14827 WINDING CREEK CT.	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE NAME	VD RODRIGUEZ, MANUEL	<input type="checkbox"/> Delete
STREET ADDRESS	14814 WINDING CREEK CT.	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	Pres. JEAN JONAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14812 Winding Creek Ct	
CITY-ST-ZIP	Tampa FL 33613	
TITLE NAME	Sec/Treas. Ann Jacobsen	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14832 Winding Creek Ct	
CITY-ST-ZIP	Tampa FL 33613	
TITLE NAME	Vice President Carolyn Huber	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14823 Winding Creek Ct.	
CITY-ST-ZIP	Tampa FL 33613	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.

SIGNATURE: *SIGNATURE REQUIRED*

2-20-02 727-299-9555

CR2E037 (9/01)