


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90384 039 ****61.25

DOCUMENT # 758355
1. Entity Name
SETTLERS POINTE ASSOCIATION, INC.




Principal Place of Business Mailing Address
**2880 SCHERER DR
840
SAINT PETERSBURG FL 33716
US** **2880 SCHERER 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


MOORE CR2E037 (11/03)
4. FEI Number Applied For
59-2151800 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CIANFRONE, JOSEPH S
1968 BAYSHORE BLVD
DUNEDIN FL 34698**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JONES, JEANN	
STREET ADDRESS	14812 WINDING CREEK CT	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	SDT	<input checked="" type="checkbox"/> Delete
NAME	KEEFE, BRENDA	
STREET ADDRESS	14827 WINDING CREEK CT.	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JACOBSEN, ANN	
STREET ADDRESS	14832 WINDING CT	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NABER, CAROLYN	
STREET ADDRESS	14823 WINDING CREEK CT	
CITY-ST-ZIP	TAMPA FL 33613	
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	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pam Bell	
STREET ADDRESS	14821 Winding Creek Ct.	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Blazeback	
STREET ADDRESS	14831 Winding Creek Ct.	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE	Tres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nora Leuck	
STREET ADDRESS	14801 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: *Pam Bell* *Pam Bell President* *4/9/04* *299-9555*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #