

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90081 026 \*\*\*\*61.25

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



Principal Place of Business      Mailing Address  
 2870 SCHERER DR      2870 SCHERER DR  
 100      100  
 SAINT PETERSBURG FL 33716      SAINT PETERSBURG FL 33716  
 US      US



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/06)  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	D	<input checked="" type="checkbox"/> Delete
NAME	BELL, PAM	
STREET ADDRESS	14812 WINDING CREEK CT	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIS, LEANNA	
STREET ADDRESS	14834 WINDING CREEK COURT	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEUCK, NORA	
STREET ADDRESS	14801 WINDING CREEK CT	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	P	<input type="checkbox"/> Delete
NAME	KIRKLAND, BETTYE	
STREET ADDRESS	14819 WINDING CREEK CT	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOBESER, CYBTHIA	
STREET ADDRESS	14820 WINDING CREEK CT	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, LEE	
STREET ADDRESS	14816 WINDING CREEK CT	
CITY-ST-ZIP	TAMPA FL 33613	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Garcia	
STREET ADDRESS	14814 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		
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 exemptions contained in Section 119, 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: *Bettye Kirkland*      BETTYE KIRKLAND      3/2/07      813-961-7492  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #