

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90010 017 ****61.25

DOCUMENT # 758355

1. Entity Name
SETTLERS POINTE ASSOCIATION, INC.



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

Mailing Address
2870 SCHERER DR
100
SAINT PETERSBURG, FL 33716 US

40008710



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008 Chg-NP CR2E037 (12/06)

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CIANFRONE, JOSEPH S
1968 BAYSHORE BLVD
DUNEDIN, FL 34698

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

Filing Fee is \$61.25
Due by May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **GARCIA, KEVIN**
 STREET ADDRESS **14814 WINDING CREEK CT**
 CITY-ST-ZIP **TAMPA, FL 33613**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **WOBESER, CYBTHIA**
 STREET ADDRESS **14820 WINDING CREEK CT**
 CITY-ST-ZIP **TAMPA, FL 33613**

TITLE Change Addition
 NAME **John Navarro**
 STREET ADDRESS **14831 Winding Creek Ct**
 CITY-ST-ZIP **Tampa, FL 33613**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Lowann Connors**
 STREET ADDRESS **14830 Winding Creek Ct**
 CITY-ST-ZIP **Tampa, FL 33613**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Marcia Greenstfelder**
 STREET ADDRESS **14817 Winding Creek Ct**
 CITY-ST-ZIP **Tampa, FL 33613**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 Chapter 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: *Lowann Connors*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/08
 Date

Daytime Phone #