

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2009
Secretary of State**

DOCUMENT# 758355

Entity Name: SETTLERS POINTE ASSOCIATION, INC.

Current Principal Place of Business:

2870 SCHERER DR
100
SAINT PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

2870 SCHERER DR
100
SAINT PETERSBURG, FL 33716 US

New Mailing Address:

FEI Number: 59-2151800 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIANFRONE, JOSEPH S
1968 BAYSHORE BLVD
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: NAVARRO, JOHN
Address: 14831 WINDING CREEK CT
City-St-Zip: TAMPA, FL 33613

Title: P () Delete
Name: CONNOS, LOUANN
Address: 14830 WINDING CREEK CT
City-St-Zip: TAMPA, FL 33613

Title: S () Delete
Name: GREENSFELDER, MARCIA
Address: 14817 WINDING CREEK CT
City-St-Zip: TAMPA, FL 33163

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: NAVARRO, JOHN
Address: 14831 WINDING CREEK CT
City-St-Zip: TAMPA, FL 33613

Title: P (X) Change () Addition
Name: CONNORS, LOUANN
Address: 14830 WINDING CREEK CT
City-St-Zip: TAMPA, FL 33613

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: KIRKLAND, BETTYE
Address: 14819 WINDING CREEK CT.
City-St-Zip: TAMPA, FL 33163

Title: D () Change (X) Addition
Name: CUYLER, GEORGE
Address: 14815 WINDING CREEK CT.
City-St-Zip: TAMPA, FL 33163

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUANN CONNORS

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date