

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 758355

FILED
Apr 22, 2003
Secretary of State

Entity Name: SETTLERS POINTE ASSOCIATION, INC.

Current Principal Place of Business:

2880 SCHEZER DR
840
SAINT PETERSBURG, FL 33716 US

New Principal Place of Business:

2880 SCHERER DR
840
SAINT PETERSBURG, FL 33716 US

Current Mailing Address:

2880 SCHEZER DR
840
SAINT PETERSBURG, FL 33716 US

New Mailing Address:

2880 SCHERER DR
840
SAINT PETERSBURG, FL 33716 US

FEI Number: 59-2151800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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 CIANFRONE

04/22/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, JEANN
Address: 14812 WINDING CREEK CT
City-St-Zip: TAMPA, FL 33613

Title: SDT () Delete
Name: KEEFE, BRENDA
Address: 14827 WINDING CREEK CT.
City-St-Zip: TAMPA, FL 33613

Title: VD (X) Delete
Name: RODRIGUEZ, MANUEL
Address: 14814 WINDING CREEK CT.
City-St-Zip: TAMPA, FL 33613

Title: ST () Delete
Name: JACOBSEN, ANN
Address: 14832 WINDING CT
City-St-Zip: TAMPA, FL 33613

Title: VP () Delete
Name: NABER, CAROLYN
Address: 14823 WINDING CREEK CT
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEANN JONES

PD

04/22/2003

Electronic Signature of Signing Officer or Director

Date