

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90418 018 \*\*\*\*62.50

**DOCUMENT # 765516**

1. Entity Name  
**POINTE PLEASANT HARBOUR CONDOMINIUMS  
ASSOCIATION, INC.**



Principal Place of Business  
**COMMUNITY MANAGEMENT SERVICES, INC  
8056 OLD CR 54  
NEW PORT RICHEY, FL 34653 US**

Mailing Address  
**% COMMUNITY MANAGEMENT SERVICES INC.  
5609 US 19 SUITE E  
NEW PORT RICHEY, FL 34652**



2. Principal Place of Business

**5609 US 19**

Suite, Apt. #, etc.

**Suite E**

City & State

**New Port Richey, FL**

Zip

**34652**

Country

**USA**

3. Mailing Address

**5609 US 19**

Suite, Apt. #, etc.

**Suite E**

City & State

**New Port Richey, FL**

Zip

**34652**

Country

**USA**

01092006 Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2144704**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COMMUNITY MANAGEMENT SERVICES, INC  
8056 OLD CR 54  
NEW PORT RICHEY, FL 34653**

7. Name and Address of New Registered Agent

Name  
**Community Management**

Street Address (P.O. Box Number is Not Acceptable)

**5609 US 19**

Suite E

City

**New Port Richey**

**FL**

Zip Code  
**34652**

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, 2006**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
BROWN, TOM  
4823 EBBTIDE LANE #503  
PORT RICHEY, FL 34668** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DON, DESO  
4823 EBBTIDE LANE, #203  
PORT RICHEY, FL 34668** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
OLSON, ED  
4823 EBBTIDE LANE, #303  
PORT RICHEY, FL 34668** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SMITH, HEATHER  
2693 WESTCHESTER DR N  
CLEARWATER, FL 33761** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
BERLAND, BARRY  
4823 EBBTIDE LANE #402  
PORT RICHEY, FL 34668** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**727-840-1598**