2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

DOCUMENT # 765516 1. Entity Name POINTE PLEASANT HARBOUR CONDOMINIUMS ASSOCIATION, INC.					05-02-2007 90	ry 01 5 1 0048 020 ****	
5609 US 19 SUITE E	ce of Business UCHEY, FL 34652 US	Meiling Address 5609 US 19 SUITE E NEW PORT RICHEY, FL 3	14652 US				
2. Principal P		3. Mailing Address 5.09 Suite, Apt. #, etc.	9	0400007	hg-NP C	R2E037 (12/06)	
City & Stat	Bry Dichey	City & State Port	- Richev	4. FEI Number 59-21447		A	pplied For
3465	Country Country	34652	Country USA	5. Certificate of S		\$8.75 Add	
	6. Name and Address of Current I	Registered Agent		7. Name and Ad	dress of New Regis	stered Agent	
COMMUNITY MANAGEMENT SERVICES, INC 5609 US 19				Street Address (P.O. Box Number is Not Acceptable)			
SUITE E	T RICHEY, FL 34652			40519 te E		·	
NEW FORT RICHET, FL 34052			City (De)	w Port Ric	hei.	FL ZicCoo	16 15 2
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or rec			i. I am familiar with,	and accept
SIGNATURE			- Pae n	+	41	27107	
1	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature re	Ann simbol sedema animatedia at		CATE	
· · · · · · · · · · · · · · · · · · ·				ericusci musu i sensistinii i	·	DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Florida	check payable t Department of S	tate
10.	Due by May 1, 2007 OFFICERS AND DIR	Trust Fund Cor	paign Financing ntribution.	\$5.00 May Be	Florida	Department of S	tate
TITLE NAME STREET ADDRESS	OFFICERS AND DIR VD BROWN, TOM 4823 EBBTIDE LANE #503	Trust Fund Co	naign Financing ntribution. 11. ITILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florida	Department of S	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIR VD BROWN, TOM 4823 EBBTIDE LANE #503 PORT RICHEY, FL 34668 PD	Trust Fund Cor	ntribution. 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	\$5.00 May Be Added to Fees	Florida	Department of S	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR VD BROWN, TOM 4823 EBBTIDE LANE #503 PORT RICHEY, FL 34668	Trust Fund Co.	ntribution. 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP	\$5.00 May Be Added to Fees	Florida	Department of S	tate i 10 Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIR VD BROWN, TOM 4823 EBBTIDE LANE #503 PORT RICHEY, FL 34668 PD DON, DESO 4823 EBBTIDE LANE, #203	Trust Fund Co.	ntribution. 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florida	Department of S	tate i 10 Addition
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12. I nereby certify that the information supplied with this illing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 HAME OF SIGNING OFFICER OR DERECTOR

Date

Daytime Phone #