

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2007 90048 020 \*\*\*\*61.25

<b>DOCUMENT # 765516</b> 1. Entity Name <b>POINTE PLEASANT HARBOUR CONDOMINIUMS ASSOCIATION, INC.</b>					
Principal Place of Business <b>5609 US 19 SUITE E NEW PORT RICHEY, FL 34652 US</b>			Mailing Address <b>5609 US 19 SUITE E NEW PORT RICHEY, FL 34652 US</b>		
2. Principal Place of Business - No P.O. Box # <b>5609 US 19</b>		3. Mailing Address <b>5609 US 19</b>			
Suite, Apt. #, etc. <b>Suite E</b>		Suite, Apt. #, etc. <b>Suite E</b>			
City & State <b>New Port Richey</b>		City & State <b>New Port Richey</b>			
Zip <b>34652</b>		Country <b>USA</b>		4. FEI Number <b>59-2144704</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>COMMUNITY MANAGEMENT SERVICES, INC 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652</b>			7. Name and Address of New Registered Agent Name <b>Community Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>5609 US 19</b> <b>Suite E</b> City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34652</b>		
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 <u>Agent</u> DATE <u>4/27/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, TOM 4823 EBBTIDE LANE #503 PORT RICHEY, FL 34668	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DON, DESO 4823 EBBTIDE LANE, #203 PORT RICHEY, FL 34668	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, ED 4823 EBBTIDE LANE, #303 PORT RICHEY, FL 34668	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HEATHER 2693 WESTCHESTER DR N CLEARWATER, FL 33761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERLAND, BARRY 4823 EBBTIDE LANE #402 PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD McElmurray, James 276 W Riverglen Dr. Worthington OH 43085	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Tom Brown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					