## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#765516** 

FILED Mar 21, 2011 Secretary of State

03/21/2011

Entity Name: POINTE PLEASANT HARBOUR CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5837 TROUBLE CREEK RD.

NEW PORT RICHEY, FL 34652 US

Current Mailing Address: New Mailing Address:

5837 TROUBLE CREEK RD.

NEW PORT RICHEY, FL 34652 US

FEI Number: 59-2144704 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT COMMUNITY MANAGEMENT SERVICES, INC. 5873 TROUBLE CREEK RD. 5873 TROUBLE CREEK RD.

NEW PORT RICHEY, FL 34652 US NEW PORT RICHEY, FL 34652 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: KIM JOHNSON

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: D

Name: SCHOETTLE, DONNA
Address: 5837 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PD Name: DON, DESO

Address: 5837 TROUBLE CREEK ROAD City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VPD Name: OLSON, ED

Address: 5837 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD

Name: FREDRICK, THOMAS

Address: 5837 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD

Name: HEPP, GARY

Address: 5837 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby 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 all other like empowered.

SIGNATURE: KIM JOHNSON RA 03/21/2011