


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90037 016 \*\*\*\*61.25

<b>DOCUMENT # N93000003616</b> 1. Entity Name <b>PHILIPPE POINTE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>PO BOX 772 SAFETY HARBOR, FL 34695 US</b>			Mailing Address <b>PO BOX 772 SAFETY HARBOR, FL 34695 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CLEVELAND, DIANE 101 ROYAL COURT SAFETY HARBOR, FL 34695</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S LAYHE, STEPHANIE <input checked="" type="checkbox"/> Delete		TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3005 KEY HARBOR DRIVE		NAME	Walsh, Garry	
STREET ADDRESS	SAFETY HARBOR, FL 34695		STREET ADDRESS	103 Royal Ct.	
CITY-ST-ZIP			CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSHALL, LINDA		NAME	Bill Hungville	
STREET ADDRESS	3008 KEY HARBOR DR		STREET ADDRESS	3010 Key Harbor Dr.	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	TD <input type="checkbox"/> Delete		TITLE		
NAME	CLEVELAND, DIANE		NAME		
STREET ADDRESS	101 ROYAL COURT		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE		
NAME	KELLY, LISA		NAME		
STREET ADDRESS	102 ROYAL COURT		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE		
NAME	GALBRAITH, JOE		NAME		
STREET ADDRESS	113 WATEREDGE COURT		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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> <i>Diane Z. Cleveland, Treasurer</i>			3/10/2006		727-712-1339
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>