

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90121 014 \*\*\*\*61.25

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<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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3199924</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CLEVELAND, DIANE 101 ROYAL COURT SAFETY HARBOR, FL 34695</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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><i>Diane L. Cleveland, Treasurer</i></u> DATE <u><i>1/30/2007</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WALSH, GARRY</b>	NAME			
STREET ADDRESS	<b>103 ROYAL CT</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HUNGLVILLE, BILL</b>	NAME			
STREET ADDRESS	<b>3010 KEY HARBOR DR</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>	CITY-ST-ZIP			
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CLEVELAND, DIANE</b>	NAME			
STREET ADDRESS	<b>101 ROYAL COURT</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>	CITY-ST-ZIP			
TITLE	<b>PD</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>KELLY, LISA</b>	NAME	<b>P Bob Gould</b>		
STREET ADDRESS	<b>102 ROYAL COURT</b>	STREET ADDRESS	<b>3015 Key Harbor Dr.</b>		
CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>	CITY-ST-ZIP	<b>Safety Harbor, FL 34695</b>		
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GALBRAITH, JOE</b>	NAME	<b>V Joe Huenke</b>		
STREET ADDRESS	<b>113 WATEREDGE COURT</b>	STREET ADDRESS	<b>104 Royal Ct.</b>		
CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>	CITY-ST-ZIP	<b>Safety Harbor, FL 34695</b>		
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.					
SIGNATURE: <u><i>Diane L. Cleveland, Treasurer</i></u>				DATE <u><i>1/30/2007</i></u> DAYTIME PHONE # <u><i>727-710-1339</i></u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	