

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90028 022 ****61.25

DOCUMENT # N93000003616	
1. Entity Name PHILIPPE POINTE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business PO BOX 772 SAFETY HARBOR, FL 34695 US	Mailing Address PO BOX 772 SAFETY HARBOR, FL 34695 US
---	---



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country

02102008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3199924	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent CLEVELAND, DIANE 101 ROYAL COURT SAFETY HARBOR, FL 34695	7. Name and Address of New Registered Agent Name Bob Gould Street Address (P.O. Box Number is Not Acceptable) 3015 Key Harbor DR City Safety Harbor FL Zip Code 34695
--	---

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 *Bob Gould* (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALSH, GARRY 103 ROYAL CT SAFETY HARBOR, FL 34695 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delegate Carlos Castilho 3022 Key Harbor DR Safety Harbor, FL 34695 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNGLVILLE, BILL 3010 KEY HARBOR DR SAFETY HARBOR, FL 34695 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delegate Tammie Lilly 100 Wateredge Safety Harbor, FL 34695 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLEVELAND, DIANE 101 ROYAL COURT SAFETY HARBOR, FL 34695 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAENKE, JOE 104 ROYAL CT SAFETY HARBOR, FL 34695 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Huenke, Joe ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOULD, BOB 3015 KEY HARBOR DR SAFETY HARBOR, FL 34695 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: *Bob Gould*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/08
Date

727-799-4567
Daytime Phone #