

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003616

FILED  
Apr 19, 2009  
Secretary of State

**Entity Name:** PHILIPPE POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 772  
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

105 WESTBROOK COURT  
SAFETY HARBOR, FL 34695 US

**Current Mailing Address:**

PO BOX 772  
SAFETY HARBOR, FL 34695 US

**New Mailing Address:**

**FEI Number:** 59-3199924      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GOULD, BOB  
3015 KEY HARBOR DR  
SAFETY HARBOR, FL 34695 US

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

LILLEY, TAMMIE  
100 WATEREDGE COURT  
SAFETY HARBOR, FL 34695 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: TAMMIE LILLEY

04/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: WALSH, GARRY  
Address: 103 ROYAL CT  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete  
Name: LILLY, TAMMIE  
Address: 100 WATER EDGE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: P (X) Delete  
Name: HAENKE, JOE  
Address: 104 ROYAL CT  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T (X) Delete  
Name: GOULD, BOB  
Address: 3015 KEY HARBOR DR  
City-St-Zip: SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: MCINTEE, JIM  
Address: 103 WATEREDGE COURT  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: P (X) Change ( ) Addition  
Name: BERG, ANDREA  
Address: 105 WESTBROOK COURT  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TAMMIE LILLEY

T

04/19/2009

Electronic Signature of Signing Officer or Director

Date