2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90035 032 ****61.25

DOCUMENT # N98000000773

1. Entity Name
POINTE TARPON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7300 PARK ST. SEMINOLE, FL 33777	7300 PARK ST. STE 21 SEMINOLE, FL 33777

01092004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	7300 Park St Suite, Apt. #, etc.
City & State	City & State: Seminole, FL
Zip / Country	Zip: 33777-4601 / Country: USA

4. FEI Number: 59-3677543 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REINHARDT, DEBBIE 7300 PARK ST. SEMINOLE, FL 33777	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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	DP WYATT, CLIFF 2915 SR 590 STE 21 CLEARWATER, FL 33759	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Cindy McKenzie 1434 Manatee Cir #309 Tarpon Springs, FL 34689	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP HAMILTON, JAMES 2915 SR 590 STE 21 CLEARWATER, FL 33759	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Lou Hayes 1441 Manatee Cir #101 Tarpon Springs, FL 34689	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PELLECHIO, CAROL 2915 SR 590 STE 21 CLEARWATER, FL 33759	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Pat Wozniak 1549 Wharfside Tarpon Springs, FL 34689	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 exemption stated in Section 119.07(3)(i), 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: Cindy McKenzie 1/22/03 727 738-3379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #