2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90177 021 ****61.25

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DOCUMENT # N98000000773

1. Entity Name
POINTE TARPON HOMEOWNERS ASSOCIATION, INC.

PROPERTY ACCOUNTING

APR 08 2003

VENDOR #: 1204
APPROVED: cam

10076730

Principal Place of Business	Mailing Address
~~2915 SR 590~~ ~~STE 21~~ ~~CLEARWATER FL 33759~~	~~2915 SR 590~~ ~~STE 21~~ ~~CLEARWATER FL 33759~~

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7300 PARK ST	7300 PARK ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEMINOLE, FL	City & State: SEMINOLE, FL
Zip: 33777 Country: USA	Zip: 33777 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
~~GRIMMER, DANIEL~~ ~~2915 SR 590~~ ~~STE 21~~ ~~CLEARWATER FL 33756~~	Name: REINHARDT, DEBBIE Street Address (P.O. Box is Not Acceptable): Resource Property Mgmt 7300 Park Street City: SEMINOLE FL Zip Code: 33777

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: Debbie Reinhardt
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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 QUEEN, GARY F 2915 SR 590 STE 21 CLEARWATER FL 33759	☒ Delete	TITLE DP NAME: WYATT, CLIFF STREET ADDRESS CITY-ST-ZIP	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GRIMMER, DANIEL 2915 SR 590 STE 21 CLEARWATER FL 33759	☒ Delete	TITLE NAME: HAMILTON, JAMES STREET ADDRESS CITY-ST-ZIP	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GORROW, CHARLES 2915 SR 590 STE 21 CLEARWATER FL 33759	☒ Delete	TITLE NAME: PELLECHIO, CAROL 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E037 (10/02)

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: Cliff Wyatt ESQUIRE CLIFF WYATT 3/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #