

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752077

1. Entity Name

SOUTH POINTE SOUTH HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90021 017 ****70.00

Principal Place of Business	Mailing Address
8191 COLLEGE PARKWAY SUITE 302 FT MYERS FL 33919 US	8191 COLLEGE PARKWAY SUITE 302 FT MYERS FL 33919-5121 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-2072279	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent

BECKER & POLLAKOFF
C/O JOSEPH ADAMS
13515 BELL TOWER DRIVE, #101
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P.	WILKINSON, LORRAINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9849 OWL CLOVER ST	FT. MYERS FL 33919	
CITY-ST-ZIP	FT. MYERS FL 33919		
TITLE	D.	JOHNSON, WILLIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9758 FOXGLOVE CIR.	FT. MYERS FL 33919	
CITY-ST-ZIP	FT. MYERS FL 33919		
TITLE	S.	HICKS, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9782 OWLCLOVER ST	FT MYERS FL 33919	
CITY-ST-ZIP	FT MYERS FL 33919		
TITLE	T.	PATTERSON, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9946 VANILLALEAF ST	FT. MYERS FL 33919	
CITY-ST-ZIP	FT. MYERS FL 33919		
TITLE	DVP	HULL, WILLIAM C.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9846 WILDGINGER DR.	FT MYERS FL	
CITY-ST-ZIP	FT MYERS FL		
TITLE	D	PATTERSON, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9946 VANILLALEAF ST.	FT. MYERS FL 33919	
CITY-ST-ZIP	FT. MYERS FL 33919		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	HULL, WILLIAM C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9846 WILDGINGER DR.	FT. MYERS FL 33919	
CITY-ST-ZIP	FT. MYERS FL 33919		
TITLE	VP	GRAHAM, BENEDICT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9846 WILDGINGER DR.	FT. MYERS FL 33919	
CITY-ST-ZIP	FT. MYERS FL 33919		
TITLE	S	SILVERIA, CONNIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9840 WILDGINGER DR.	FT. MYERS FL 33919	
CITY-ST-ZIP	FT. MYERS FL 33919		
TITLE	D	COOPER, JESSICA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9957 VANILLA LEAF ST.	FT. MYERS FL 33919	
CITY-ST-ZIP	FT. MYERS FL 33919		
TITLE	D	FISCH, HENRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9841 WILDGINGER DR.	FT. MYERS FL 33919	
CITY-ST-ZIP	FT. MYERS FL 33919		
TITLE	D	KRAMER, DAVID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	13390 SYLVAN AVE.	FT. MYERS FL 33919	
CITY-ST-ZIP	FT. MYERS FL 33919		

I2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2000
Date

941-481-7456
Daytime Phone #

CR2E037 (9/99)