

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90013 038 ****70.00

DOCUMENT # 752077

1. Entity Name

SOUTH POINTE SOUTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8191 COLLEGE PARKWAY
 SUITE 302
 FT MYERS FL 33919
 US

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 SUITE 302
 FT MYERS FL 33919
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2072279

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

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

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

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CULLEN, JACK	
STREET ADDRESS	9819 OWLCLOVER STREET	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GIRE, JIM	
STREET ADDRESS	13368 SYLVAN AVENUE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STANDING, JAN	
STREET ADDRESS	9853 OWLCLOVER STREET	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KEAREN, PHILIP	
STREET ADDRESS	9826 OWLCLOVER STREET	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COOPER, JECCICA	
STREET ADDRESS	9957 VANILLALEAF STREET	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRAMER, DAVE	
STREET ADDRESS	13390 SYLVAN AVE	
CITY-ST-ZIP	FORT MYERS FL 33919	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jan Standing	
STREET ADDRESS	9853 Owllover	
CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Modlin	
STREET ADDRESS	9859 Wildginger	
CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles McCormick	
STREET ADDRESS	9734 Deerfoot	
CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joyce Webner	
STREET ADDRESS	9724 Deerfoot	
CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Van De Veer	
STREET ADDRESS	13377 Sylvan	
CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)