2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3

FILED
Apr 13, 2004 8:00 am
Secretary of State
03-25-2004 90043 028 ****61.25

66411269

02162004 Chg-NP CR2E037 (10/03)

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	8191 COLLEGE PARKWAY 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

BECKER & POLIAKOFF
14241 METROPOLIS AVE.
SUITE 100
FT MYERS, FL 33912-0000

7. Name and Address of New Registered Agent

Name CAMPBELL, PHILIP
Street Ac. Professionally Yours, Inc.
1342 SE 46TH LANE, #3
City CAPE CORAL, FL 33904
ode

8. The above named entity submits this statement for the purpose of changing its registered office or ith, and accept the obligations of registered agent.

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

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	P PATTERSON, JOHN 9946 VANNILALEAF STREET FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D 9946 VANILLALEAF DRIVE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HULL, BILL 9846 WILDINGER DR. FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SILVERII, CONNIE 9840 WILDGINGER DR. FORT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HUSEN, MILLE 9839 OWLCLOVER STREET FT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D 9839 OWLCLOVER DRIVE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRENTMAN, DENISE 9953 VANILLALEAF ST FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S D 9953 VANILLALEAF DRIVE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRAMER, DAVE 13390 SYLVAN AVE FORT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LESNEWSKI, JOHN 13390 SYLVAN FT MYERS, FL 33919	☐ 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: Mildred M. Husen
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR — Date — Daytime Phone #

✓