

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769215 (5)  
1. Corporation Name  
**SOUTHPOINTE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 3700 HIATUS RD P.O. BOX 450065 SUNRISE FL 33345	Mailing Address 3700 HIATUS RD P.O. BOX 450065 SUNRISE FL 33351-7519
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3. Date Incorporated or Qualified <b>06/29/1983</b>	3a. Date of Last Report <b>02/12/1996</b>
4. FEI Number <b>59-2316218</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>8457 W. Oakland Park Blvd</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 451418</b> Suite, Apt. #, etc.
22 City & State 23 <b>Sunrise, FL 33351</b> Zip Country	27 City & State 28 <b>Sunrise, FL 33345-1418</b> Zip Country
24 <b>33351</b> 25 <b>USA</b>	29 <b>33345</b> 30 <b>USA</b>

9. Name and Address of Current Registered Agent  
**KAYE & ROGER, P.A.**  
**1500 WEST CYPRESS CREEK ROAD**  
**SUITE 207**  
**FT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent  
81 Name  
**Kaye & Roger, P.A.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6261 NW 6th Way, Ste. 103**  
83  
84 City  
**Ft. Lauderdale** 85 Zip Code  
**FL 33309**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SILVER, BARRY	
STREET ADDRESS	3812 NW 111 TERRACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BINGHAM, KAREN	
STREET ADDRESS	11156 NW 35 STREET	
CITY-ST-ZIP	SUNRISE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AYERS, BRENDA	
STREET ADDRESS	11162 NW 36 STREET	
CITY-ST-ZIP	SUNRISE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CALLAHAN, SHARON	
STREET ADDRESS	11185 NW 37 ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CALLAHAN, SHARON	
STREET ADDRESS	11185 NW 37 STREET	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEIGEL, SUSAN	
STREET ADDRESS	3572 NW 11 TERRACE	
CITY-ST-ZIP	SUNRISE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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, the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

*Sandra B. Mortham* 19 1997

CR2E037 (9/96)