FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

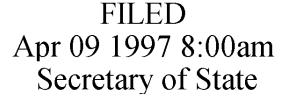
DOCUMENT #

(5)

SOUTHPOINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	
9700 HIATUS RD	

Mailing Address





3700 HIATUS R P.O. BOX 45000 SUNRISE FL 33	065	3700 HIATUS RD P.O. BOX 4500065 SUNRISE FL 33351-7519		3. Date Incorporated or Qualified 06/29/1983	3a. Date of Last Report 02/12/1996
⊢	lace of Business	2a. Mailing Address		4. FEI Number 59-2316218	Applied For
21 8457 Sulte, Apt.	WOakland_Park_Blvd	26 P.O. Box 45 Suite, Apt. #, etc.	1418	39-23 102 10	Not Applicable
22	π, θιο.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
	se, FL 33351	28 Sunrise, FL		Trust Fund Contribution	Added to Fees
Zip 24 33351	Country 25 USA 9. Name and Address of Current	Zip 29 33345	Country 30 USA	8. This corporation has liability for it Florida Statutes 10. Name and Address of New Reg	Yes No
1500 WE SUITE 20 FT LAUD	ERDALE FL 33334	3	6261 84 City Ft.	& Roger, P.A. ddress (P.O. Box Number is Not Acceptab NW 6th Way, Ste. 103 Lauderdale	FL 85 Zip Code 33309
11. Pursuant I office or re agent. I as SIGNATURE	to the provisions of Sections 617.0502 agistered agent, or both, in the State of m familiar with, and accept the obligate	and 617.1508, Florida Slatut Florida: Such change was a ons of, Section 617.0503, Fl	es, the above-named of authorized by the corporida Statutes.	corporation submits this statement for the proration's board of directors. I hereby accep	urpose of changing its registered tithe appointment as registered
<u> </u>	Signature, typed or printed name of registered agent		E: Registered Agent signature (V	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD PARRY	[_] DELETE	1.1 TITLE		Change Addition
NAME OTOSST ADDOSSO	SILVER, BARRY 3612 NW 111 TERRACE		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	SUNRISE FL		1.3 STREET ADDRESS 1.4 CITY- ST-ZIP		
TITLE	VD	▼ DEL£TE	2.1 1BLE		Change Addition
NAME	BINGHAM, KAREN		5.5 NVME		- • -
STREET ADDRESS	11156 NW 35 STREET		23 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		2 4 CITY-ST-ZIP		
TITLE	TD	DELETE	3 1 TITLE		Change Addition
NAME	AYERS, BRENDA		3.2 NAME		
STREET ADDRESS	11162 NW 36 STREET		33 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	DELETE	3 4. CITY-ST-ZIP		Chance L Addition
TITLE	SD CALLAHAN SHADON	□ become	4.1 TITLE		Change Addition
NAME etheer annosee	CALLAHAN, SHARON 11185 NW 37 ST		4. 2 NAME		
STREET ADDRESS Ofty-St-Zip	SUNRISE FL		4.3 STREET ADDRESS		
TITLE	D D	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME	CALLAHAN, SHARON		5.2 NAME		Lij onango Lij Noomon
STREET ADDRESS	11185 NW 37 STREET		5.3 STREET ADDRESS		
CITY-SI-ZIP	SUNRISE FL		5.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		Change Addition
NAME	WEIGEL, SUSAN		6.2 NAME		
STREET ADDRESS	3572 NW 11 TERRACE		6.3 STREET ADDRESS		
City-St-ZIP	SUNRISE FL		6.4 CITY - ST - ZIP		
14 I do hereh	as earlifus that the Information as motion is	ulth this filing does not availi	fuday the averagion of	ated in Section 110 07/2)(i) Florida Statutas	I do not be a second of the state of