

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90020 029 ****61.25

DOCUMENT # 769215

1. Entity Name

SOUTHPOINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**% INTEGRITY PROPERT MANAGEMENT
 953 UNIVERSITY DR
 CORAL SPRINGS FL 33071
 US**

**% INTEGRITY PROPERTY MANAGEMENT, INC.
 P.O. BOX 8726
 CORAL SPRINGS FL 33075
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2316218

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KAYE & ROGER, P.A.
 6261 N.W. 6TH WAY., STE 103
 FT LAUDERDALE FL 33309**

Name **John C. Whittle**
 Street Address (P.O. Box Number is Not Acceptable) **953 N. UNIVERSITY DR**
 City **CORAL SPRINGS** FL Zip Code **33071**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	AYERS, BRENDA	11162 N.W. 36TH ST	SUNRISE FL 33351				
VPD	DIAZ, MANUEL	11169 N.W. 37TH ST	SUNRISE FL 33351				
SD	CALLAHAN, SHARON	11185 NW 37 ST	SUNRISE FL 33351				
TD	ROODMAN, CHERYL	3524 N.W. 111TH TERR	SUNRISE FL 33351	STD			
D	RAYONI, DARLA	11154 N.W. 37TH ST	SUNRISE FL 33351				

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:

[Handwritten Signature]

4/15/01 954-346-0677

CR2E037 (10/00)