

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State

06-22-2001 90002 010 ****61.25

DOCUMENT # N00000002823

1. Entity Name

SOUTHPOINTE AT OCEAN VILLAGE HOMEOWNERS ASSOCIAT

Principal Place of Business

100 MAINSAIL DRIVE
FT PIERCE FL 34949

Mailing Address

100 MAINSAIL DRIVE
FT PIERCE FL 34949

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3716050

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MELVILLE, HAROLD G
2940 SOUTH 25 STREET
FT. PIERCE FL 34981

7. Name and Address of New Registered Agent

Name **SAME**

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

 TITLE **D** ☐ Delete
 NAME **CHAPIN, ROY III**
 STREET ADDRESS **2560 RCA BLVD STE 112**
 CITY-ST-ZIP **PAPM BEACH GARDENS FL 33410**

 TITLE **D** ☐ Delete
 NAME **REED, HAROLD S III**
 STREET ADDRESS **2560 RCA BLVD STE 112**
 CITY-ST-ZIP **PAPM BEACH GARDENS FL 33410**

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

 TITLE **D** ☐ Change ☒ Addition
 NAME **Tracy Price**
 STREET ADDRESS **2560 RCA Blvd Ste 112**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 TITLE ☐ Change ☐ 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 #

6/19/01

CR2E037 (10/00)