

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011436

FILED  
Apr 25, 2008  
Secretary of State

**Entity Name:** THE SOUTHRIDGE POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3434 COLWELL AVENUE  
SUITE 200  
TAMPA, FL 33614

**New Principal Place of Business:**

5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

3434 COLWELL AVENUE  
SUITE 200  
TAMPA, FL 33614

**New Mailing Address:**

5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544

**FEI Number:** 81-0668302

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIZETTA & COMPANY, INC.  
3434 COLWELL AVENUE  
SUITE 200  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

RIZETTA & COMPANY, INC.  
5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544 US

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:

04/25/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ELLIS, JAMES D  
Address: 5850 T.G. LEE BOULEVARD, SUITE 600  
City-St-Zip: ORLANDO, FL 32822

Title: V ( ) Delete  
Name: LAWSON, ROBERT  
Address: 5850 T.G. LEE BOULEVARD, SUITE 600  
City-St-Zip: ORLANDO, FL 32822

Title: ST ( ) Delete  
Name: MURPHY, BRANDY SUE  
Address: 5850 T.G. LEE BOULEVARD, SUITE 600  
City-St-Zip: ORLANDO, FL 32822

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LAWSON, ROBERT  
Address: 5850 T.G. LEE BOULEVARD, SUITE 520  
City-St-Zip: ORLANDO, FL 32822

Title: VP (X) Change ( ) Addition  
Name: WILSON, CHRIS  
Address: 5850 T.G. LEE BOULEVARD, SUITE 520  
City-St-Zip: ORLANDO, FL 32822

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LAWSON

P

04/25/2008

Electronic Signature of Signing Officer or Director

Date