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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N05733 (3)**

1. Corporation Name  
**THE SOUTHPONTE ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**5303 ORTEGA BLVD. UNIT 104 JACKSONVILLE FL 32210 US**

3. Date Incorporated or Qualified **10/18/1984** 3a. Date of Last Report **04/26/1996**

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** *5303 Ortega Blvd.*  
**22** City & State **27** *Unit 104*  
**23** Zip Country **28** *Jacksonville, FL* **29** *32210* **30** *USA*  
**4** FEI Number **59-2458071** Applied For Not Applicable  
**5** Certificate of Status Desired  **\$8.75 Additional Fee Required**  
**6** Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
**8** This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**TAYLOR, MRS. LOUISE  
5303 ORTEGA BLVD.  
UNITE 104  
JACKSONVILLE 32210**

10. Name and Address of New Registered Agent  
**81** Name *George B. Stallings, Jr.*  
**82** Street Address (P.O. Box Number is Not Acceptable) *5303 Ortega Blvd., Unit 104*  
**83**  
**84** City *Jacksonville* **85** Zip Code *32210*

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 *George B. Stallings, Jr.* DATE *2/17/97*  
Signature, typed or printed name of registered agent and file if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>IRA, BEBE M</b> <b>5303 ORTEGA BLVD. UNIT 204</b> <b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STALLINGS, GEORGE B JR</b> <b>5303 ORTEGA BLVD. UNIT 104</b> <b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <i>Secretary-Treasurer/Dir.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <i>George B. Stallings, Jr.</i> 2.3 STREET ADDRESS <i>5303 Ortega Blvd., Unit 104</i> 2.4 CITY-ST-ZIP <i>Jacksonville, FL 32210</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>DUCOTE, MRS. CAROLE</b> <b>5303 ORTEGA BLVD, #102</b> <b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <i>President/Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <i>Mrs. Carolyn Ducote</i> 3.3 STREET ADDRESS <i>5303 Ortega Blvd., Unit 102</i> 3.4 CITY-ST-ZIP <i>Jacksonville, FL 32210</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>STEWART, B. I</b> <b>5303 ORTEGA BLVD., #204</b> <b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <i>Vice-President/Director</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <i>Louise M. Taylor</i> 4.3 STREET ADDRESS <i>5303 Ortega Blvd., Unit 305</i> 4.4 CITY-ST-ZIP <i>Jacksonville, FL 32210</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>TAYLOR, LOUISE M</b> <b>5303 ORTEGA BLVD., UNIT 305</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE	5.1 TITLE <i>Director</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME <i>Stewart Ira</i> 5.3 STREET ADDRESS <i>5303 Ortega Blvd. Unit 204</i> 5.4 CITY-ST-ZIP <i>Jacksonville, FL 32210</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	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 or 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.

SIGNATURE: *George B. Stallings, Jr.* DATE: *2/18/97* 904-384-5254

CR2E037 (9/96)