

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004130

1. Entity Name

SOUTHPOINTE NEIGHBORHOOD ASSOCIATION, INC.

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90203 012 ****61.25

Principal Place of Business

C/O NEWELL PROPERTY MANAGEMENT
4148-A CORPORATE SQUARE
NAPLES FL 34104

Mailing Address

C/O NEWELL PROPERTY MANAGEMENT
4148-A CORPORATE SQUARE
NAPLES FL 34104

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3336558

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWELL, WILLIAM A
C/O NEWELL PROPERTY MANAGEMENT
4148-A CORPORATE SQUARE
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

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	PD	<input type="checkbox"/> Delete
NAME	WATTS, TOM	
STREET ADDRESS	5065 YACHT HARBOUR CIRCLE, #704	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PENZA, JIM	
STREET ADDRESS	1749 GULFSTAR DRIVE S, #402	
CITY-ST-ZIP	NAPLES FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BUCKER, JACK	
STREET ADDRESS	4615 LIGHTHOUSE LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watts, Tom	
STREET ADDRESS	5065 Yacht Harbor Circle #704	
CITY-ST-ZIP	Naples FL 34112	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Penza, Jim	
STREET ADDRESS	1749 Gulfstar Drive S #402	
CITY-ST-ZIP	Naples FL 34112	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pardo, George	
STREET ADDRESS	1733 Gulfstar Drive #302	
CITY-ST-ZIP	Naples FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Handwritten Signature]

4/24/01 941 643 4884

CR2E037 (10/00)