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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000003919**

1. Corporation Name  
**SOUTH POINTE OF TAMPA HOMEOWNERS ASSOCIATION, IN C.**

Principal Place of Business 4014 GUNN HIGHWAY SUITE 250 TAMPA FL 33624	Mailing Address 4014 GUNN HIGHWAY <del>SUITE 250</del> <del>TAMPA FL 33624</del>
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2. Principal Place of Business 21	2a. Mailing Address 26 <b>7001 Temple Terrace Hwy</b>	3. Date Incorporated or Qualified <b>07/03/1998</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-3522669</b>
City & State 23	City & State 28 <b>Temple Terrace, Florida</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 29 <b>33637</b>	Country 30 <b>US</b>	

9. Name and Address of Current Registered Agent

**BULLOCK, WILLIAM L L**  
4014 GUNN HIGHWAY  
SUITE 250  
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name  
**Tucker, Stanley Gene**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4014 GUNN Highway Suite 250**

83

84 City **Tampa** FL 85 Zip Code **33624**

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 **Stanley Gene Tucker, Jr** DATE **1/25/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BULLOCK, WILLIAM L</b>
STREET ADDRESS	<b>4014 GUNN HIGHWAY, SUITE 250</b>
CITY-ST-ZIP	<b>TAMPA FL 33624</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>REGO, RENE</b>
STREET ADDRESS	<b>4014 GUNN HIGHWAY, SUITE 250</b>
CITY-ST-ZIP	<b>TAMPA FL 33624</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CRIMI, TONY</b>
STREET ADDRESS	<b>4014 GUNN HIGHWAY, SUITE 250</b>
CITY-ST-ZIP	<b>TAMPA FL 33624</b>
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PD Tucker, Stanley</b>
1.3 STREET ADDRESS	<b>4014 GUNN Highway Suite 250</b>
1.4 CITY-ST-ZIP	<b>Tampa, Florida 33624</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VPD</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>STD</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** DATE **1/25/99 (813) 265-3343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1998)