

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
May 01, 2002 8:00 am  
Secretary of State

05-01-2002 91611 002 \*\*\*\*61.25

DOCUMENT # N98000003919  
1. Entity Name  
South Pointe of TAMPA  
Homeowners ASSOCIATION, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2880 Seckler Dr N  
Suite, Apt. #, etc. 840  
City & State  
PETERSBURG  
FL  
Zip  
33716  
Country  
FLORIDAS

3. Mailing Address  
2880 Seckler Dr N  
Suite, Apt. #, etc. 840  
City & State  
PETERSBURG  
FL  
Zip  
33716  
Country  
FLORIDAS

DO NOT WRITE IN THIS SPACE

4. FEL Number  
193522669  
Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name RON TOTHERILL  
Street Address (P.O. Box Number is Not Acceptable)  
1525 N. FLORIDA AVE.  
City TAMPA FL Zip Code 33602

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] (NOTE: Registered Agent signature required when reinstating) DATE 4/12/02

FEE IS \$61.25 Initial or Amended UBR

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 <u>PRESIDENT - D</u>	NAME <u>GARTH NOBLE</u>	STREET ADDRESS <u>3810 NORTHDALE BLVD SUITE 100</u>	CITY - ST - ZIP <u>TAMPA, FL 33624</u>
TITLE <u>SECRETARY - D</u>	NAME <u>TOM PRINCE</u>	STREET ADDRESS <u>3810 NORTHDALE BLVD SUITE 100</u>	CITY - ST - ZIP <u>TAMPA, FL 33624</u>
TITLE <u>TREASURER - D</u>	NAME <u>ROBERT WILLIAMS</u>	STREET ADDRESS <u>3810 NORTHDALE BLVD SUITE 100</u>	CITY - ST - ZIP <u>TAMPA, FL 33624</u>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Garth Noble 3/13/02 813-265-3343