

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 09, 2009
Secretary of State**

DOCUMENT# N98000003919

Entity Name: SOUTH POINTE OF TAMPA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O WISE PROPERTY MGMT INC
16105 FLORIDA AVE N A
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

C/O WISE PROPERTY MGMT INC
16105 FLORIDA AVE N A
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-3522669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEZER, STEVEN
1801 N HIGHLAND AVE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CLARK, RUTH
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: PD () Delete
Name: WAGNER, CHERYL
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: DEATON, KRISTY
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: ELLDEGE, DONALD
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D (X) Delete
Name: WINT, STEPHEN
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WINT, STEPHEN
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

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

Title: VD (X) Change () Addition
Name: DEATON, KRISTY
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D (X) Change () Addition
Name: ELLEDGE, DONALD
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

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: CHERYL WAGNER

Electronic Signature of Signing Officer or Director

PRES

03/09/2009

Date