

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000003919

FILED  
Apr 22, 2003  
Secretary of State

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

**Current Principal Place of Business:**

2880 SCHERER DR. N  
840  
SAINT PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

2880 SCHERER DR. N  
840  
SAINT PETERSBURG, FL 33716

**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:**

COTTERILL, RON  
1505 N. FLORIDA 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: PD      (X) Delete  
Name: TUCKER, STANLEY  
Address: 4014 GUNN HIGHWAY, SUITE 250  
City-St-Zip: TAMPA, FL 33624

Title: VPD      (X) Delete  
Name: NOBLE, GARTH  
Address: 4014 GUNN HIGHWAY, SUITE 250  
City-St-Zip: TAMPA, FL 33624

Title: STD      (X) Delete  
Name: CRIMI, TONY  
Address: 4014 GUNN HIGHWAY, SUITE 250  
City-St-Zip: TAMPA, FL 33624

Title: PD      ( ) Delete  
Name: NOBLE, GARTH  
Address: 3810 NORTHDALE BLVD. SUITE 100  
City-St-Zip: TAMPA, FL 33624

Title: SD      ( ) Delete  
Name: PRINCE, TOM  
Address: 3810 NORTHDALE BLVD. SUITE 100  
City-St-Zip: TAMPA, FL 33624

Title: T      ( ) Delete  
Name: WILLIAMS, ROBERT  
Address: 3810 NORTHDALE BLVD. SUITE 100  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARTH NOBLE

PD

04/22/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date