FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -7 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752077 (8)

1. Corporation Name
SOUTH POINTE SOUTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
19196 COURTNEY DRIVE FT MYERS FL 33901	19196 COURTNEY DRIVE FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1980
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2072279 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

PUFFENBARGER, DENNIS L.
19196 COURTNEY DRIVE
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: BECKER & ANIAKOFF
82 Street Address (P.O. Box Number is Not Acceptable): C/O JOSEPH ADAMS
83: 13515 BELL TOWER DRIVE #101
84 City: FORT MYERS FL 85 Zip Code: 33907

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Joseph E. Becker DATE: 4/4/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	LANE, DONALD	1.2 NAME		
STREET ADDRESS	9848 WILDGINGER DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	HICKS, MICHAEL	2.2 NAME	BEATON, ROBERT	
STREET ADDRESS	9782 OWLCLOVER ST	2.3 STREET ADDRESS	9746 DEERFOOT DRIVE	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	D	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	HALL, WILLIAM D	3.2 NAME	HUBBARD, LOIS	
STREET ADDRESS	9762 FOXGLOVE CIR	3.3 STREET ADDRESS	9800 WILDGINGER DRIVE	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	JOHNSTON, WILLIS	4.2 NAME	MAJOR, CAROLYN	
STREET ADDRESS	9758 FOXGLOVE CIR	4.3 STREET ADDRESS	9758 DEERFOOT DRIVE	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	SD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MUSCOVICH, ARTHUR	5.2 NAME	JOHNSTON, WILLIS	
STREET ADDRESS	9930 VANILLALEAF ST	5.3 STREET ADDRESS	9750 FOXGLOVE CIRCLE	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	HUBBARD, LOIS	6.2 NAME	GRIFFIN, GEORGE	
STREET ADDRESS	9800 WILDGINGER DR	6.3 STREET ADDRESS	9851 WILDGINGER DRIVE	
CITY-ST-ZIP	FT MYERS FL	6.4 CITY-ST-ZIP	FORT MYERS, FL 33919	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Carolyn M. Major, Treasurer 4/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

008937