

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 752077 (8)
1. Corporation Name
SOUTH POINTE SOUTH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1919-6 COURTNEY DRIVE
FT MYERS FL 33901**

Mailing Address
**1919-6 COURTNEY DRIVE
FT MYERS FL 33901**

3. Date Incorporated or Qualified
04/17/1980

3a. Date of Last Report
04/07/1995

2. Principal Place of Business
21 8191 College Parkway
Suite, Apt. #, etc.
22 Suite 302
City & State
23 Ft. Myers, FL
Zip
24 33919

2a. Mailing Address
26 8191 College Parkway
Suite, Apt. #, etc.
27 Suite 302
City & State
28 Ft. Myers, FL
Zip
29 33919

4. FEI Number
59-2072279

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BECKER & POLLAKOFF
C/O JOSEPH ADAMS
13515 BELL TOWER DRIVE, #101
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VD
NAME	LANE, DONALD	1.2 NAME	Husen, Harold F. JR
STREET ADDRESS	9846 WILDGINGER DR	1.3 STREET ADDRESS	9839 Owl Clover St.
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	Ft Myers, FL 33919
TITLE	PD	2.1 TITLE	D
NAME	BEATON, ROBERT	2.2 NAME	Marguerite Foster
STREET ADDRESS	9746 DEERFOOT DRIVE	2.3 STREET ADDRESS	9825 Wildginger Dr.
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	Ft. Myers, FL 33919
TITLE	SD	3.1 TITLE	D
NAME	HUBBARD, LOUIS	3.2 NAME	
STREET ADDRESS	9800 WILDGINGER DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	MAJOR, CAROLYN	4.2 NAME	
STREET ADDRESS	9758 DEERFOOT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	JOHNSTON, WILLIS	5.2 NAME	
STREET ADDRESS	9750 FOXGLOVE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	GRIFFIN, GEORGE	6.2 NAME	
STREET ADDRESS	9851 WILDGINGER DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	6.4 CITY-ST-ZIP	

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96
Date

Daytime Phone #

CR2E037 (12/95)