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FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

8191 COLLEGE PARKWAY  
SUITE 302  
FT MYERS FL 33919  
US8191 COLLEGE PARKWAY  
SUITE 302  
FT MYERS FL 33919-5178  
US

3. Date Incorporated or Qualified

04/17/1980

3a. Date of Last Report

03/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

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4. FEI Number

59-2072279

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☐ DELETE  
NAME HUSEN, HARLD J F  
STREET ADDRESS 9839 OWL CLOVER ST  
CITY-ST-ZIP FT MYERS FL1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME FOSTER, MARGUERITE  
STREET ADDRESS 9825 WILDGINGER DR  
CITY-ST-ZIP FT MYERS FL2.1 TITLE VICE-PRESIDENT ☐ Change ☒ Addition  
2.2 NAME AL COOK  
2.3 STREET ADDRESS 9962 VANILLA LEAF ST.  
2.4 CITY-ST-ZIP FT. MYERS, FL 33919TITLE SD ☒ DELETE  
NAME HUBBARD, LOUIS  
STREET ADDRESS 9800 WILDGINGER DRIVE  
CITY-ST-ZIP FT MYERS FL3.1 TITLE SECRETARY ☐ Change ☒ Addition  
3.2 NAME WILLIAM PRATHER  
3.3 STREET ADDRESS 9777 DEERFOOT DR.  
3.4 CITY-ST-ZIP FT. MYERS, FL 33919TITLE TD ☒ DELETE  
NAME MAJOR, CAROLYN  
STREET ADDRESS 9758 DEERFOOT DRIVE  
CITY-ST-ZIP FT MYERS FL4.1 TITLE TREASURER ☐ Change ☒ Addition  
4.2 NAME LORRAINE WILKINSON  
4.3 STREET ADDRESS 9849 OWL CLOVER ST  
4.4 CITY-ST-ZIP FT. MYERS, FL 33919TITLE SD ☒ DELETE  
NAME JOHNSTON, WILLIS  
STREET ADDRESS 9750 FOXGLOVE CIRCLE  
CITY-ST-ZIP FT MYERS FL5.1 TITLE DIRECTOR ☐ Change ☒ Addition  
5.2 NAME WILLIAM C. HULL  
5.3 STREET ADDRESS 9846 WILDGINGER DR.  
5.4 CITY-ST-ZIP FT. MYERS, FL 33919TITLE D ☒ DELETE  
NAME GRIFFIN, GEORGE  
STREET ADDRESS 9851 WILDGINGER DRIVE  
CITY-ST-ZIP FT MYERS FL6.1 TITLE DIRECTOR ☐ Change ☒ Addition  
6.2 NAME KAREN PITTS  
6.3 STREET ADDRESS 9911 VANILLA LEAF ST.  
6.4 CITY-ST-ZIP FT. MYERS, FL 33919

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0055720

CR2E037 (9/96)