


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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  
US**

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SUITE 302  
FT MYERS FL 33919  
US**



3. Date Incorporated or Qualified

**04/17/1980**

4. FEI Number

**59-2072279**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

6. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ 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	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUSEN, HARLD J F</b>	
STREET ADDRESS	<b>9839 OWL CLOVER ST</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COOK, AL</b>	
STREET ADDRESS	<b>9982 VANILLA LEAF ST.</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>PRATHER, WILLIAM</b>	
STREET ADDRESS	<b>9777 DEERFOOT DRIVE</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WILKINSON, LORRAINE</b>	
STREET ADDRESS	<b>9849 OWL CLOVER ST.</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HULL, WILLIAM C.</b>	
STREET ADDRESS	<b>9848 WILDGINGER DR.</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PITTS, KAREN</b>	
STREET ADDRESS	<b>9911 VANILLA LEAF ST.</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	

1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ROBERT BEATON</b>	
1.3 STREET ADDRESS	<b>9746 DEERFOOT DRIVE</b>	
1.4 CITY-ST-ZIP	<b>FORT MYERS, FL 33919</b>	
2.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>WILLIS JOHNSON</b>	
2.3 STREET ADDRESS	<b>9758 FOXGLOVE CIRCLE</b>	
2.4 CITY-ST-ZIP	<b>FORT MYERS, FL 33919</b>	
3.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JOHN PATTERSON</b>	
3.3 STREET ADDRESS	<b>9946 VANILLALEAF STREET</b>	
3.4 CITY-ST-ZIP	<b>FORT MYERS, FL 33919</b>	
4.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>LOIS HUBBARD</b>	
4.3 STREET ADDRESS	<b>9800 WILDGINGER DRIVE</b>	
4.4 CITY-ST-ZIP	<b>FORT MYERS, FL 33919</b>	
5.1 TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>500002432305</b>	
5.3 STREET ADDRESS	<b>-02/17/98--01010--004</b>	
5.4 CITY-ST-ZIP	<b>***61.25</b>	
6.1 TITLE	<b>500002432305</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>-02/17/98--01010--005</b>	
6.3 STREET ADDRESS	<b>***8.75</b>	
6.4 CITY-ST-ZIP		

14. I 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:

*Lorraine Wilkinson*

1-30-98

CR2E037 (10/97)