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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 752077**

1. Corporation Name

**SOUTH POINTE SOUTH HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

8191 COLLEGE PARKWAY  
 SUITE 302  
 FT MYERS FL 33919  
 US

Mailing Address

8191 COLLEGE PARKWAY  
 SUITE 302  
 FT MYERS FL 33919  
 US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/17/1980

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

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

TITLE P  
 NAME BEATON, ROBERT  
 STREET ADDRESS 9746 DEERFOOT DR.  
 CITY-ST-ZIP FT. MYERS FL 33919

TITLE D  
 NAME JOHNSON, WILLIS  
 STREET ADDRESS 9758 FOXGLOVE CIR.  
 CITY-ST-ZIP FT. MYERS FL 33919

TITLE S  
 NAME PRATHER, WILLIAM  
 STREET ADDRESS 9777 DEERFOOT DRIVE  
 CITY-ST-ZIP FT MYERS FL

TITLE T  
 NAME WILKINSON, LORRAINE  
 STREET ADDRESS 9849 OWL CLOVER ST.  
 CITY-ST-ZIP FT MYERS FL

TITLE DVP  
 NAME HULL, WILLIAM C.  
 STREET ADDRESS 9846 WILDGINGER DR.  
 CITY-ST-ZIP FT MYERS FL

TITLE D  
 NAME PATTERSON, JOHN  
 STREET ADDRESS 9946 VANILLALEAF ST.  
 CITY-ST-ZIP FT. MYERS FL 33919

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Willkinson, Lorraine  
 1.2 NAME 9849 Owl Clover St.  
 1.3 STREET ADDRESS Ft. Myers, FL 33919

2.1 TITLE Hubbard, Lois  
 2.2 NAME 9800 Wild Ginger Dr.  
 2.3 STREET ADDRESS Ft. Myers, FL 33919

3.1 TITLE Hicks, Michael  
 3.2 NAME 9782 Owl Clover St.  
 3.3 STREET ADDRESS Ft. Myers, FL 33919

4.1 TITLE Patterson, John  
 4.2 NAME 9946 Vanillaleaf St.  
 4.3 STREET ADDRESS Ft. Myers, FL 33919

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE Graham, Beverly  
 6.2 NAME 9946 Wildginger Dr.  
 6.3 STREET ADDRESS Ft. Myers, FL 33919

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, with all other like empowered.

SIGNATURE:

*John Patterson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 20, 1999 941-481-3456  
 Date Daytime Phone #

CR2E037 (11/98)