

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 752077**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2072279

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE



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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HULL, WILLIAM C	
STREET ADDRESS	9846 WILDGINGER DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, BEVERLY	
STREET ADDRESS	9826 WILDGINGER DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SILVERIE, CONNIE	
STREET ADDRESS	9840 WILDGINGER DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, JOHN	
STREET ADDRESS	9946 VANILLEAF ST	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FISCH, HENRY	
STREET ADDRESS	9841 WILDGINGER DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRAMER, DAVID	
STREET ADDRESS	13390 SYLVAN AVE	
CITY-ST-ZIP	FORT MYERS FL 33919	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cullen, Jack	
STREET ADDRESS	9819 Owllover Street	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gire, Jim	
STREET ADDRESS	13368 Sylvan Avenue	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Standing, Jan	
STREET ADDRESS	9853 Owllover Street	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kearen, Philip	
STREET ADDRESS	9826 Owllover Street	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kramer, Dave	
STREET ADDRESS	13390 Sylvan Avenue	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cooper, Jessica	
STREET ADDRESS	9957 Vanillaleaf Street	
CITY-ST-ZIP	Fort Myers, FL 33919	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90066 045 ****70.00

DUU41400



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)