

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

03-25-2004 90043 028 ****61.25

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	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BECKER & POLIAKOFF 14241 METROPOLIS AVE. SUITE 100 FT MYERS, FL 33912-0000				Name CAMPBELL, PHILIP Street Address Professionally Yours, Inc. 1342 SE 46TH LANE, #3 City CAPE CORAL, FL 33904	
8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P	☐ Delete			
NAME	PATTERSON, JOHN				
STREET ADDRESS	9946 VANILLALEAF STREET				
CITY-ST-ZIP	FORT MYERS, FL 33919				
TITLE	VP	☐ Delete			
NAME	HULL, BILL				
STREET ADDRESS	9846 WILDINGER DR.				
CITY-ST-ZIP	FORT MYERS, FL 33919				
TITLE	S	☒ Delete			
NAME	SILVERII, CONNIE				
STREET ADDRESS	9840 WILDINGER DR.				
CITY-ST-ZIP	FORT MYERS, FL 33919				
TITLE	T	☐ Delete			
NAME	HUSEN, MILLE				
STREET ADDRESS	8839 OWLCLOVER STREET				
CITY-ST-ZIP	FT MYERS, FL 33919				
TITLE	D	☐ Delete			
NAME	TRENTMAN, DENISE				
STREET ADDRESS	9853 VANILLALEAF ST				
CITY-ST-ZIP	FORT MYERS, FL 33919				
TITLE	D	☒ Delete			
NAME	KRAMER, DAVE				
STREET ADDRESS	13380 SYLVAN AVE				
CITY-ST-ZIP	FORT MYERS, FL 33919				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	PD	☒ Change ☐ Addition			
NAME					
STREET ADDRESS	9946 VANILLALEAF DRIVE				
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	TD	☒ Change ☐ Addition			
NAME					
STREET ADDRESS	9839 OWLCLOVER DRIVE				
CITY-ST-ZIP					
TITLE	SD	☒ Change ☐ Addition			
NAME					
STREET ADDRESS	9953 VANILLALEAF DRIVE				
CITY-ST-ZIP					
TITLE	D	☐ Change ☒ Addition			
NAME	LESNIEWSKI, JOHN				
STREET ADDRESS	13390 SYLVAN				
CITY-ST-ZIP	FT 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)(f), 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 517, 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: <u>Michael M. Husen</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

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