

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90002 037 ****61.25

DOCUMENT # N03000009893 1. Entity Name SOUTH POINTE HOMEOWNERS ASSOCIATION OF STUART, INC.					
Principal Place of Business 250 SOUTH CENTRAL BLVD. SUITE 207 JUPITER, FL 33458			Mailing Address 250 SOUTH CENTRAL BLVD. SUITE 207 JUPITER, FL 33458		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 25-1914267	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PERRY, CHERYL Y 250 SOUTH CENTRAL BLVD. SUITE 207 JUPITER, FL 33458				7. Name and Address of New Registered Agent Name SIGNATURE PROPERTY MGMT Street Address (P.O. Box Number is Not Acceptable) 969 S. FEDERAL HWY SUITE 401 City STUART	
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. I am familiar with, and accept the obligations of registered agent.				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
Filing Fee is \$61.25 Due by May 1, 2006				\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State				10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE: 2/10/06	