

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752077

FILED  
Mar 05, 2009  
Secretary of State

**Entity Name:** SOUTH POINTE SOUTH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W. ST RD. 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W. ST RD. 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

**FEI Number:** 59-2072279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HEFFNER, RALPH  
Address: 9701 FOXGLOVE CIRCLE  
City-St-Zip: FORT MYERS, FL 33919

Title: SD ( ) Delete  
Name: STIGLER, SALLY  
Address: 9868 OWLCLOVER STREET  
City-St-Zip: FORT MYERS, FL 33919

Title: TD ( ) Delete  
Name: DONOVAN, VINCE  
Address: 9741 FOXGLOVE CIR  
City-St-Zip: FORT MYERS, FL 33919

Title: VPD ( ) Delete  
Name: KUROWSKI, LINDA A  
Address: 9781 OWLCLOVER ST  
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete  
Name: SCHNEIDER, ROBERT  
Address: 9855 WILDGINGER DR  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH HEFFNER

PD

03/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date