### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 769215** 

Entity Name: SOUTHPOINTE HOMEOWNERS ASSOCIATION, INC.

FILED Feb 11, 2024 Secretary of State 8674502190CC

# **Current Principal Place of Business:**

SOUTHPOINTE HOA C/O ARENSON & SANDHOUSE, P.A. 809A CORAL RIDGE DRIVE CORAL SRPINGS, FL 33071

# **Current Mailing Address:**

SOUTHPOINTE HOA C/O ARENSON & AMP; SANDHOUSE, P.A. 809A CORAL RIDGE DRIVE CORAL SRPINGS, FL 33071 US

FEI Number: 59-2316218 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

STEVE VALENCY P.A. 311 SE 13 ST FT LAUD, FL 33316 US

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

### Officer/Director Detail:

Title	DIRECTOR	Title	DIRECTOR
Name	FONTE, JESUS	Name	SOMAN, ATHERLY
Address	3626 NW 111	Address	3667 NW 111 TERR
City-State-Zip:	SUNRISE FL 33351	City-State-Zip:	SUNRISE FL 33351

Title P Title T

 Name
 GILBERT, STEVEN
 Name
 SAWYER, KEVIN

 Address
 10841 NW 36TH STREET
 Address
 3641 NW 111 AVE

 City-State-Zip:
 SUNRISE FL 33351
 City-State-Zip:
 SUNRISE FL 33351

Title SECRETARY, VP Name WILLIAMS, LILA

Address 3637 NW 111TH TERRACE

City-State-Zip: SUNRISE FL 33351

I hereby 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 all other like empowered.