

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769215

**FILED  
Apr 22, 2019  
Secretary of State  
1751904470CC**

**Entity Name:** SOUTHPOINTE HOMEOWNERS ASSOCIATION, INC.

**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 & 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  
Name FONTE, JESUS  
Address 3626 NW 111  
City-State-Zip: SUNRISE FL 33351

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

Title P  
Name GILBERT, STEVEN  
Address 10841 NW 36TH STREET  
City-State-Zip: SUNRISE FL 33351

Title T  
Name SAWYER, KEVIN  
Address 3641 NW 111 AVE  
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.*

**SIGNATURE: GILBERT, STEVEN**

**PRESIDENT**

**04/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date