

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002823

**Entity Name:** SOUTHPOINTE AT OCEAN VILLAGE HOMEOWNERS  
ASSOCIATION, INC.

**FILED**  
**Jan 27, 2013**  
**Secretary of State**  
**CC0567521046**

**Current Principal Place of Business:**

C/O BLUMENTHAL  
61 SOUTHPOINTE DRIVE  
FT PIERCE, FL 34949

**Current Mailing Address:**

PO BOX 2846  
FT PIERCE, FL 34954 US

**FEI Number: 59-3716050**

**Certificate of Status Desired: No**

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

BLUMENTHAL, FANNY CMRS  
61 SOUTHPOINTE DR.  
FT. PIERCE, FL 34949 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 PD  
Name BENNETT, PETER  
Address 31 WINGHAVEN LANE  
City-State-Zip: FORT PIERCE FL 34949

Title TD  
Name BLUMENTHAL, FANNY  
Address 61 SOUTH POINTE DR  
City-State-Zip: FORT PIERCE FL 34949

Title SD  
Name HARDING, JAMES  
Address 66 WINGHAVEN LANE  
City-State-Zip: FORT PIERCE FL 34949

*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: FANNY C. BLUMENTHAL**

**AGENT/TREASURER**

**01/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date