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

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

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

### **Current Mailing Address:**

DOCUMENT# N0000002823

PO BOX 2846 FT PIERCE, FL 34954 US

#### FEI Number: 59-3716050

#### 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

#### **Officer/Director Detail :**

Title	PD	Title	TD
Name	BENNETT, PETER	Name	BLUMENTHAL, FANNY
Address	31 WINGHAVEN LANE	Address	61 SOUTH POINTE DR
City-State-Zip:	FORT PIERCE FL 34949	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 01/26/2014

Electronic Signature of Signing Officer/Director Detail

Date

## Certificate of Status Desired: No

Date

## FILED Jan 26, 2014 Secretary of State CC0618867614