Entity Name: SOUTH POINTE HOMEOWNERS ASSOCIATION OF STUART, INC.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

C/O GRANT PROPERTY MANAGEMENT 851 BROKEN SOUND PARKWAY NW SUITE 102 BOCA RATON, FL 33487

Current Mailing Address:

DOCUMENT# N0300009893

C/O GRANT PROPERTY MANAGEMENT 851 BROKEN SOUND PARKWAY NW SUITE102 BOCA RATON, FL 33487 US

FEI Number: 25-1914267

Name and Address of Current Registered Agent:

ROSS, EARLE, BONAN ENSOR & CARRIGAN, P.A. 789 SW FEDERAL HWY STE 101 STUART, FL 34994 US Certificate of Status Desired: No

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	: JACOB ENSOR		04/02/2024
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	PRESIDENT	Title	VICE PRESIDENT
Name	PRUETTE, COURTNEY	Name	FRENCH, STASHA
Address	851 BROKEN SOUND PARKWAY NW SUITE 102	Address	851 BROKEN SOUND PARKWAY NW SUITE 102
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487
Title	TREASURER	Title	SECRETARY
Name	BUTLER, JULIE	Name	MONSON, SANDY
Address	851 BROKEN SOUND PARKWAY NW SUITE 102	Address	851 BROKEN SOUND PARKWAY NW SUITE 102
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487
Title	DIRECTOR		
Name	SKERVEN, WESLEY		
Address	851 BROKEN SOUND PARKWAY NW SUITE 102		
City-State-Zip:	BOCA RATON FL 33487		

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: COURTNEY PRUETTE

PRESIDENT

Electronic Signature of Signing Officer/Director Detail