

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004130

Entity Name: SOUTHPOINTE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O ABILITY MANAGEMENT INC
6736 LONE OAK BLVD
NAPLES, FL 34109

Current Mailing Address:

C/O ABILITY MANAGEMENT INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US

FEI Number: 59-3336558

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABILITY MANAGEMENT INC
C/O ABILITY MANAGEMENT INC
6736 LONE OAK BLVD
NAPLES, FL 34109 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: DENNIS LIVELY

01/28/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name COCHRANE, GREG
Address C/O AMERICAN PROPERTY
 MANAGEMENT SERVICES, LLC
 8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title VP
Name MACLAREN, JALNA
Address C/O AMERICAN PROPERTY
 MANAGEMENT SERVICES, LLC
 8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title PRESIDENT
Name KOUN, NEIL
Address C/O AMERICAN PROPERTY
 MANAGEMENT SERVICES, LLC
 8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

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: NEIL KOUN

PRESIDENT

01/28/2022

Electronic Signature of Signing Officer/Director Detail

Date