

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

**12/05/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            LIVAS, FRANK  
Address        C/O ABILITY MANAGEMENT, INC  
                  6736 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title            VP  
Name            MACLAREN, JALNA  
Address        C/O ABILITY MANAGEMENT, INC  
                  6736 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title            PRESIDENT  
Name            KOUN, CORNELIUS  
Address        C/O ABILITY MANAGEMENT, INC  
                  6736 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

*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:** CORNELIUS KOUN

**PRESIDENT**

**12/05/2022**

Electronic Signature of Signing Officer/Director Detail

Date