

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90010 004 \*\*\*\*61.25

**DOCUMENT # 707987**

1. Entity Name

**SOUTHPOINTE SHORES PROPERTY OWNERS, INC.**



Principal Place of Business

Mailing Address

**PO BOX 562  
OSPNEY FL 34229**

**PO BOX 562  
OSPNEY FL 34229**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-7427536**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERMAN, HERBERT L  
7688 COVE TERRACE  
SARASOTA FL 34231**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** ☐ Delete  
NAME: **SMITHMAN, JOHN**  
STREET ADDRESS: **7678 COVE TERRACE**  
CITY-STATE-ZIP: **SARASOTA FL 34231**

TITLE: **HICKS, WAINE** ☐ Change ☒ Addition  
NAME: **1820 SANDALWOOD DR**  
STREET ADDRESS: **SARASOTA, FL 34231**  
CITY-STATE-ZIP: **SARASOTA, FL 34231** ☐ Change ☐ Addition

TITLE: **D** ☐ Delete  
NAME: **PARRISH, DARLENE**  
STREET ADDRESS: **7641 SANDAL WOOD WAY**  
CITY-STATE-ZIP: **SARASOTA FL 34231**

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: **D** ☐ Delete  
NAME: **BERMAN, HERBERT**  
STREET ADDRESS: **7688 COVE TER**  
CITY-STATE-ZIP: **SARASOTA FL 34231**

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: **D** ☐ Delete  
NAME: **TURGEON, JACK**  
STREET ADDRESS: **7642 COVE TERR**  
CITY-STATE-ZIP: **SARASOTA FL 34231**

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
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STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
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STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

**4-27-07 941-922-6055**