2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 707987

Entity Name: SOUTHPOINTE SHORES PROPERTY OWNERS, INC.

Current Principal Place of Business:

PO BOX 562
OSPREY, FL 34229

New Principal Place of Business:

7625 COVE TERRACE
SARASOTA, FL 34231

Current Mailing Address:

PO BOX 562
OSPREY, FL 34229

New Mailing Address:

FEI Number: 23-7427536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SMITHMAN, JOHN	
Address:	7678 COVE TERRACE	
City-St-Zip:	SARASOTA, FL 34231	
Title:	D	( ) Delete
Name:	PARRISH, DARLENE	
Address:	7641 SANDAL WOOD WAY	
City-St-Zip:	SARASOTA, FL 34231	
Title:	D	( ) Delete
Name:	BERMAN, HERBERT	
Address:	7688 COVE TER	
City-St-Zip:	SARASOTA, FL 34231	
Title:	D	(X) Delete
Name:	TURGEON, JACK	
Address:	7642 COVE TERR	
City-St-Zip:	SARASOTA, FL 34231	
Title:	D	(X) Delete
Name:	HICKS, WAINE	
Address:	18201 SAN DALWOOD DR.	
City-St-Zip:	SARASOTA, FL 34231	
Title:	D	(X) Delete
Name:	STEINER, GERALD	
Address:	1871 SOUTH POINTE DR.	
City-St-Zip:	SARASOTA, FL 34231	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HERBERT L BERMAN D 04/13/2009
Electronic Signature of Signing Officer or Director — Date