

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90196 024 ****61.25

DOCUMENT # 745638 1. Entity Name SOUTH POINTE VILLAS CONDOMINIUM MASTER ASSOCIATION, INC.			
Principal Place of Business C/O THE MANAGEMENT CONNECTION 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919 US		Mailing Address C/O THE MANAGEMENT CONNECTION 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919 US	
2. Principal Place of Business 6300 SD POINTE BLVD Suite, Apt. #, etc.		3. Mailing Address C/O APEX MANAGEMENT Suite, Apt. #, etc. 11595 KELLY RD. #110	
City & State FORT MYERS FL		City & State FORT MYERS FL	
Zip 33919		Zip 33908	
Country USA		Country USA	
4. FEI Number 59-1996984		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEAGUE, GEORGE 82270 COLLEGE PKWY, #103 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name APEX MANAGEMENT SERVICES OF LEE COUNTY INC. Street Address (P.O. Box Number is Not Acceptable) 11595 KELLY RD. STE. # 110 City FORT MYERS FL Zip Code 33908	
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 <u>Grace J. Murray, CAM</u> GRACE J. MURRAY, MANAGING AGENT 4-10-06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	VD LOUBIER, SHIRLEY 6300 SOUTH POINTE BLVD #202 FT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SUNDAY, WILLIAM 6300 SOUTH POINTE BLVD # 235 FORT MYERS FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DECKER, GERALDINE 6300 SOUTH POINTE BLVD #450 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MURRELL, WILLIAM 6300 S POINTE BLVD #430 FT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6300 SOUTH POINTE BLVD #430 FORT MYERS FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEFKOWITZ, DAVID 6300 SOUTH POINTE BLVD., #111 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADAMS, JULIUS 6300 SPOUTH POINT BLVD., #335 FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHARON, FREDERICK 6300 SOUTH POINTE BLVD # 325 FORT MYERS FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>William L. Murrell, Pres</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-18-06 239-437-8400 <small>Date Daytime Phone #</small>	

WILLIAM L MURRELL, PRES