

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90437 004 ****61.25

DOCUMENT # 745805 1. Entity Name SOUTH POINTE VILLAS CONDOMINIUM, PHASE I, ASSOCIATION, INC.			
Principal Place of Business C/O THE MANAGEMENT CONNECTION INC. 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919 US		Mailing Address C/O THE MANAGEMENT CONNECTION INC. 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919 US	
2. Principal Place of Business 6300 SOUTH 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		-Country- USA	
-Zip- 33908		-Country- USA	
4. FEI Number 59-1971831		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 FREDEN, ARLENE R THE MANAGEMENT CONNECTION, INC. 8250 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><i>Grace J. Murray, CAM</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u><i>GRACE J. MURRAY, CAM</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VPD NAME LEFKOWITZ, DAVID STREET ADDRESS 6300 S POINTE BLVD #111 CITY-ST-ZIP FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE TD NAME WILKES, ANNA MARIE STREET ADDRESS 6300 SO POINTE BLVD #136 CITY-ST-ZIP FORT MYERS FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME WILKES, LOUIS STREET ADDRESS 6300 SOUTH POINTE BLVD., #136 CITY-ST-ZIP FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME BENEDETTO, JOANN STREET ADDRESS 6300 SOUTH POINTE BLVD., #137 CITY-ST-ZIP FT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DARE, WILLIAM STREET ADDRESS 6300 S POINTE BLVD #114 CITY-ST-ZIP FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 S ZUCCARO, CHARLENE 6300 SO POINTE BLVD #143 FORT MYERS FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D REYNOLDS, JACK 6300 SO. POINTE BLVD. #123 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><i>Louis H Wilkes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u><i>4-19-06</i></u> Daytime Phone #: <u><i>239-437-8400</i></u>	