

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 10:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 748541 (0)

1. Corporation Name

SOUTH POINTE VILLAS CONDOMINIUM PHASE II, ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**6300 SOUTH POINTE BLVD.
FT. MYERS FL 33919
US**

**% BENSON'S, INC.
12650 WHITEHALL DR.
FT. MYERS FL 33907
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1979

3a. Date of Last Report

04/18/1994

4. FBI Number

59-1971830

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENSON, MARK R.
% BENSON'S, INC.
12650 WHITEHALL DR.
FT MYERS FL 33907**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PD
NAME NADBATH, GLORIA
STREET ADDRESS 6300 S POINTE BLVD #215
CITY-ST-ZIP FT MYERS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**TITLE VD
NAME BORKHUIS, GILDA
STREET ADDRESS 6300 S. POINTE BV #233
CITY-ST-ZIP FT MYERS FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**TITLE SD
NAME THOMPSON, ALICE
STREET ADDRESS 6300 S POINTE BLVD #208
CITY-ST-ZIP FT MYERS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

**TITLE TD
NAME PRITCHETT, DORIS
STREET ADDRESS 6300 S. POINTE BV #220
CITY-ST-ZIP FT MYERS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D
5.3 STREET ADDRESS Loubier, Shirley
5.4 CITY-ST-ZIP 6300 S. Pointe Blvd., #202
Fort Myers, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alice S. Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/95

Date

(813)277-0718

Telephone (Area #)