

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
08/16/1979

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1971830

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE
NAME NADBATH, GLORIA
STREET ADDRESS 6300 S POINTE BLVD #215
CITY-ST-ZIP FT MYERS FL

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Larson, Gene
1.3 STREET ADDRESS 6300 South Pointe Blvd., #223
1.4 CITY-ST-ZIP Fort Myers, FL

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

2.1 TITLE V/D ☒ Change ☐ Addition
2.2 NAME Loubier, Shirley
2.3 STREET ADDRESS 6300 South Pointe Blvd., #223
2.4 CITY-ST-ZIP Fort Myers, FL

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

3.1 TITLE S/D ☒ Change ☐ Addition
3.2 NAME Borkhuis, Gilda
3.3 STREET ADDRESS 6300 South Pointe Blvd., #233
3.4 CITY-ST-ZIP Fort Myers, FL

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

4.1 TITLE T/D ☒ Change ☐ Addition
4.2 NAME Thompson, Alice
4.3 STREET ADDRESS 6300 South Pointe Blvd., #208
4.4 CITY-ST-ZIP Fort Myers, FL

TITLE D ☒ DELETE
NAME LOUBIER, SHIRLEY
STREET ADDRESS 6300 S POINTE BLVD #202
CITY-ST-ZIP FT MYERS FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gene Larson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 (941) 277-0718
Date Daytime Phone

CR2E037 (12/95)