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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748541

1. Corporation Name

SOUTH POINTE VILLAS CONDOMINIUM PHASE II, ASSOCIATION, INC.

Principal Place of Business

6300 SOUTH POINTE BLVD.
FT. MYERS FL 33919
US

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/16/1979

4. FEI Number

59-1971830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE PD
NAME LARSON, GENE
STREET ADDRESS 6300 SOUTH POINTE BLVD #223
CITY-ST-ZIP FT MYERS FL

TITLE VD
NAME LOUBIER, SHIRLEY
STREET ADDRESS 6300 SOUTH POINTE BLVD #223
CITY-ST-ZIP FT MYERS FL

TITLE SD
NAME BORKHUIS, GILDA
STREET ADDRESS 6300 SOUTH POINTE BLVD #233
CITY-ST-ZIP FT MYERS FL

TITLE TD
NAME THOMPSON, ALICE
STREET ADDRESS 6300 SOUTH POINTE BLVD #208
CITY-ST-ZIP FT MYERS FL

TITLE D
NAME KNOLL, NANCY
STREET ADDRESS 6300 S POINTE BLVD, 222
CITY-ST-ZIP FT MYERS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☒ Change ☐ Addition
1.2 NAME Larson, Gene
1.3 STREET ADDRESS 6300 South Pointe Blvd #223
1.4 CITY-ST-ZIP Fort Myers, FL 33919

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME Loubier, Shirley
2.3 STREET ADDRESS 6300 South Pointe Blvd #202
2.4 CITY-ST-ZIP Fort Myers, FL 33919

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME Weed, Leon
3.3 STREET ADDRESS 6300 South Pointe Blvd #216
3.4 CITY-ST-ZIP Fort Myers, FL 33919

4.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME Gomes, Selwyn
4.3 STREET ADDRESS 6300 South Pointe Blvd #217
4.4 CITY-ST-ZIP Fort Myers, FL 33919

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Gilbert, Larry
5.3 STREET ADDRESS 6300 South Pointe Blvd #219
5.4 CITY-ST-ZIP Fort Myers, FL 33919

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

Date

Daytime Phone #

CR2E037 (11/98)