

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State
 03-31-2000 90062 019 ****61.25

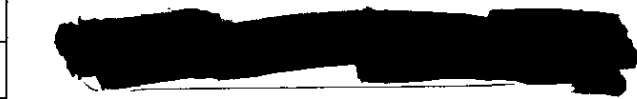
DOCUMENT # 748541
 Entity Name
 SOUTH POINTE VILLAS CONDOMINIUM PHASE II

Principal Place of Business
 The Management Connection, Inc
 8270 College Parkway, Suite 103
 Fort Myers, Florida 33919

Mailing Address
 % The Management Connection, Inc
 8270 College Parkway, Suite 103
 Fort Myers, Florida 33919

Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1971830

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Name
 Street
 City

7. Name and Address of New Registered Agent

Name
 Street
 City

FREDEN, ARLENE A
 c/o the MANAGEMENT CONNECTION, INC
 8270 COLLEGE PKWY #103
 FORT MYERS, FL 33919

Zip Code

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.

Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

Arleen A. Freden CAM Reg Agent for SPV II 3/15/2000

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

Make Check Payable to
 Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<input type="checkbox"/> Delete		TITLE	PD LOUBIER, SHIRLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST- ZIP		NAME	6300 South Pointe Blvd #202
		STREET ADDRESS	Fort Myers, FL 33919
		CITY-ST- ZIP	
<input type="checkbox"/> Delete		TITLE	VD GILBERT, LARRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST- ZIP		NAME	6300 South Pointe Blvd #219
		STREET ADDRESS	Fort Myers, FL 33919
		CITY-ST- ZIP	
<input type="checkbox"/> Delete		TITLE	SD THOMPSON, ALICE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST- ZIP		NAME	6300 South Pointe Blvd #208
		STREET ADDRESS	Fort Myers, FL 33919
		CITY-ST- ZIP	
<input type="checkbox"/> Delete		TITLE	TD GOMES, SELWYN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST- ZIP		NAME	6300 South Pointe Blvd #217
		STREET ADDRESS	Fort Myers, FL 33919
		CITY-ST- ZIP	
<input type="checkbox"/> Delete		TITLE	D SHANNON, PAULINE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST- ZIP		NAME	6300 South Pointe Blvd #218
		STREET ADDRESS	Fort Myers, FL 33919
		CITY-ST- ZIP	
<input type="checkbox"/> Delete		TITLE	
ST- ZIP		NAME	
		STREET ADDRESS	
		CITY-ST- ZIP	

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 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: SHIRLEY LOUBIER REQUIRED Shirley A Loubier 03/17/00 415-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)