

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
 05-04-2001 90066 048 \*\*\*\*61.25

**DOCUMENT # 748541**

1. Entity Name

**SOUTH POINTE VILLAS CONDOMINIUM PHASE II, ASSOCI**

Principal Place of Business

C/O THE MANAGEMENT CONNECTION INC  
 8270 COLLEGE PKWY STE 103  
 FT. MYERS FL 33919  
 US

Mailing Address

C/O THE MANAGEMENT CONNECTION INC  
 8270 COLLEGE PKWY STE 103  
 FT. MYERS FL 33919  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1971830**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREDEN, ARLENE A  
 C/O THE MANAGEMENT CONNECTION INC  
 8270 COLLEGE PKWY #103  
 FORT MYERS FL 33919

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
 NAME LOUBIER, SHIRLEY  
 STREET ADDRESS 6300 SOUTH POINTE BLVD #223  
 CITY-ST-ZIP FT MYERS FL 33919

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD ☒ Delete  
 NAME THOMPSON, ALICE  
 STREET ADDRESS 6300 S POINTE BLVD #208  
 CITY-ST-ZIP FT MYERS FL 33919

TITLE VD ☐ Change ☒ Addition  
 NAME Glenn Garrett  
 STREET ADDRESS 6300 South Pointe Blvd #235  
 CITY-ST-ZIP Ft. Myers, FL. 33919

TITLE TD ☐ Delete  
 NAME GOMES, SELWYN  
 STREET ADDRESS 6300 S. PT BLVD 217  
 CITY-ST-ZIP FT MYERS FL 33919

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME SHANNON, PAULINE  
 STREET ADDRESS 6300 S POINTE BLVD #218  
 CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD ☒ Delete  
 NAME GILBERT, LARRY  
 STREET ADDRESS 6300 S PT BLVD 219  
 CITY-ST-ZIP FT MEYERS FL 33919

TITLE SD ☐ Change ☒ Addition  
 NAME FRANK NADBATH  
 STREET ADDRESS 6300 South Pointe Blvd #215  
 CITY-ST-ZIP Ft. Myers, FL. 33919

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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:**

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

**FRANK NADBATH 7/15/2001 941-415-7400**

Date

Daytime Phone #

CR2E037 (10/00)