

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90220 016 ****61.25

DOCUMENT # 748541 1. Entity Name SOUTH POINTE VILLAS CONDOMINIUM PHASE II, ASSOCIATION, INC.					
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			
Zip	Country	Zip	Country	4. FEI Number 59-1971830	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
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			TEAGUE, GEORGE 8270 COLLEGE PKWY # 103 FORT MYERS, FL 33919		
			City		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>GEORGE TEAGUE</u> <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOUBIER, SHIRLEY		NAME		
STREET ADDRESS	6300 SOUTH POINTE BLVD #223		STREET ADDRESS		
CITY - ST - ZIP	FT MYERS, FL 33919		CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOMES, SELWYN		NAME		
STREET ADDRESS	6300 SOUTH POINTE BLVD #217		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS, FL 33919		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANKLIN, JAMES		NAME		
STREET ADDRESS	6300 SOUTH POINTE BLVD. #223		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS, FL 33919		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUNDAY, WILLIAM		NAME		
STREET ADDRESS	6300 SOUTH POINTE BLVD. #235		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS, FL 33919		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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)(f), 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: <u>William J Sunday</u> <u>5/04/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE</small>					