

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90448 044 ****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 6300 SOUTH POINTE BLVD Suite, Apt. #, etc.		3. Mailing Address C/O APEX MANAGEMENT 11595 KELLY RD #110 Suite, Apt. #, etc.			
City & State FORT MYERS FL		City & State FORT MYERS FL		4. FEI Number 59-1971830	
Zip 33919		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEAGUE, GEORGE 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919			7. Name and Address of New Registered Agent APEX MANAGEMENT SERVICES OF LEE COUNTY INC 11595 KELLY RD STE #110 FORT MYERS FL 33908		
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 <i>Grace J. Murray, CAM</i> GRACE J. MURRAY, MANAGING AGENT 4-10-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY - ST - ZIP	STD <input checked="" type="checkbox"/> Delete GOMES, SELWYN 6300 SOUTH POINTE BLVD #217 FORT MYERS, FL 33919			TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete FRANKLIN, JAMES 6300 SOUTH POINTE BLVD. #223 FORT MYERS, FL 33919			VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete SUNDAY, WILLIAM 6300 SOUTH POINTE BLVD. #235 FORT MYERS, FL 33919			TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CRNKOVICH, ROSE 6300 SOUTH POINTE BLVD #234 FORT MYERS FL 33919	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CRESS, TERRY 6300 SOUTH POINTE BLVD #232 FORT MYERS FL 33919	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CIAMPOLI, THOMAS 6300 SOUTH POINTE BLVD #201 FORT MYERS FL 33919	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>William J. Sunday</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR</small>				4/19/06 (239) 482-7277 <small>Date Daytime Phone #</small>	

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