



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90433 015 ****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 - No P.O. Box # APEX MANAGEMENT Suite, Apt. #, etc. 11595 KELLY RD STE 110 City & State FORT MYERS FL Zip 33908 Country US		3. Mailing Address APEX MANAGEMENT Suite, Apt. #, etc. 11595 KELLY RD STE 110 City & State FORT MYERS FL Zip 33908 Country US		03062007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1971830				Applied For <input type="checkbox"/> Not Applicable	
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 Name APEX MANAGEMENT SERVICES OF LEE COUNTY INC Street Address (P.O. Box Number is Not Acceptable) 11595 KELLY RD STE 110 City FORT MYERS FL Zip Code 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</i> GRACE J. MURRAY 4-24-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 VD NAME FRANKLIN, JAMES STREET ADDRESS 6300 SOUTH POINTE BLVD. #223 CITY - ST - ZIP FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE STD NAME CIAMPOLI, THOMAS STREET ADDRESS 6300 SOUTH POINTE BLVD #201 CITY - ST - ZIP FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME SUNDAY, WILLIAM STREET ADDRESS 6300 SOUTH POINTE BLVD. #235 CITY - ST - ZIP FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE VD NAME CRAMPOLI, THOMAS STREET ADDRESS 6300 SOUTH POINTE BLVD #201 CITY - ST - ZIP FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME ERNKOVICH, ROSE STREET ADDRESS 6300 SOUTH POINTE BLVD #234 CITY - ST - ZIP FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		TITLE VD NAME CRAMPOLI, THOMAS STREET ADDRESS 6300 SOUTH POINTE BLVD #201 CITY - ST - ZIP FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME CRESS, TERRY STREET ADDRESS 6300 SOUTH POINTE BLVD #232 CITY - ST - ZIP FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		TITLE VD NAME CRAMPOLI, THOMAS STREET ADDRESS 6300 SOUTH POINTE BLVD #201 CITY - ST - ZIP FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CRAMPOLI, THOMAS STREET ADDRESS 6300 SOUTH POINTE BLVD #201 CITY - ST - ZIP FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE VD NAME CRAMPOLI, THOMAS STREET ADDRESS 6300 SOUTH POINTE BLVD #201 CITY - ST - ZIP FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CRAMPOLI, THOMAS STREET ADDRESS 6300 SOUTH POINTE BLVD #201 CITY - ST - ZIP FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE VD NAME CRAMPOLI, THOMAS STREET ADDRESS 6300 SOUTH POINTE BLVD #201 CITY - ST - ZIP FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/26/07 (239) 437-8400 Date Daytime Phone #		

WILLIAM J. SUNDAY