


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90054 001 ****61.25

DOCUMENT # 748541 1. Entity Name SOUTH POINTE VILLAS CONDOMINIUM PHASE II, ASSOCIATION, INC.					
Principal Place of Business C/O APEX MANAGEMENT 11595 KELLY RD. STE 110 FORT MYERS, FL 33908 US			Mailing Address C/O APEX MANAGEMENT 11595 KELLY RD. STE 110 FORT MYERS, FL 33908 US		
2. Principal Place of Business - No P.O. Box # 6300 SOUTH POINTE BLVD		3. Mailing Address 13611 MCGREGOR BLVD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. STE 6			
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 APEX MGMT SERVICES OF LEE COUNTY INC. 11595 KELLY RD STE 110 FORT MYERS, FL 33908		7. Name and Address of New Registered Agent Name APEX MANAGEMENT SERVICES Street Address (P.O. Box Number is Not Acceptable) 13611 MCGREGOR BLVD. STE 6 City FORT MYERS FL Zip Code 33919			
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><i>Grace J Murray, CAM</i></u> GRACE J MURRAY, CAM 4-10-08 <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, 2008		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 FRANKLIN, JAMES 6300 SOUTH POINTE BLVD. #223 FORT MYERS, FL 33919		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUNDAY, WILLIAM 6300 SOUTH POINTE BLVD. #235 FORT MYERS, FL 33919		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CIAMPOLI, THOMAS 6300 SOUTH POINTE BLVD #201 FORT MYERS, FL 33919		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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: <u><i>James Franklin</i></u> JAMES FRANKLIN 4-10-08 (239) 437-8400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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