


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90016 002 ****61.25

DOCUMENT # 751195 1. Entity Name SOUTH POINTE VILLAS CONDOMINIUM PHASE III, ASSOCIATION, INC.					
Principal Place of Business % BENSON'S INC 12650 WHITEHALL DR FORT MYERS, FL 33907 US			Mailing Address C/O BENSON'S INC 12650 WHITEHALL DRIVE FORT MYERS, FL 33907-3619		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1973269	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BENSON, MARK R 12650 WHITEHALL DR FORT MYERS, FL 33907				Name <u>VANDALL, BONITA D.</u>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<u>12650 WHITEHALL DR</u>	
				City <u>FORT MYERS</u> FL <u>33907</u>	
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>Bonita D. Vandall</u>		<u>BONITA D. VANDALL</u>		DATE <u>3-5-07</u>	
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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHARON, FRED 6300 SOUTH POINTE BLVD #325 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARON, FRED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6300 SOUTH POINTE BLVD #325 FORT MYERS, FL 33919		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROBINSON, CLAIR 6300 SOUTH POINTE BLVD. #333 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, CLAIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6300 SOUTH POINTE BLVD #333 FORT MYERS, FL 33919		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KERKESNER, DONNA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSIER, ALICIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6300 SOUTH POINTE BLVD #326 FORT MYERS, FL 33919		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, SARAH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENKINS, SARAH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6300 SOUTH POINTE BLVD #332 FORT MYERS, FL 33919		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u>Clair Robinson</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					