

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751195

FILED
Mar 25, 2009
Secretary of State

Entity Name: SOUTH POINTE VILLAS CONDOMINIUM PHASE III, ASSOCIATION, INC.

Current Principal Place of Business:

% BENSON'S INC
6300 SOUTH POINTE BLVD
FORT MYERS, FL 33919 US

New Principal Place of Business:

6300 SOUTH POINTE BLVD
FORT MYERS, FL 33919 US

Current Mailing Address:

C/O BENSON'S INC
13611 MCGREGOR BLVD STE 6
FORT MYERS, FL 33919

New Mailing Address:

APEX MANAGEMENT SERVICES
13611 MCGREGOR BLVD STE 6
FORT MYERS, FL 33919

FEI Number: 59-1973269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APEX MANAGEMENT SERVICES
13611 MCGREGOR BLVD
STE 6
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBINSON, CLAIR
Address: 6300 SOUTH POINTE BLVD. #333
City-St-Zip: FORT MYERS, FL 33919

Title: TD () Delete
Name: ROSIER, ALICIA
Address: 6300 SOUTH POINTE BLVD #326
City-St-Zip: FORT MYERS, FL 33919

Title: SD () Delete
Name: JENKINS, SARAH
Address: 6300 SOUTH POINTE BLVD # 322
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIR ROBINSON

PD

03/25/2009

Electronic Signature of Signing Officer or Director

Date