

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751195

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

13611 MCGREGOR BLVD  
SUITE 6  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

13611 MCGREGOR BLVD  
SUITE 6  
FORT MYERS, FL 33919 US

**New Mailing Address:**

**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 SVCS OF LEE COUNTY, INC  
13611 MCGREGOR BLVD  
SUITE 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: P  
Name: NOONAN, ROBERT  
Address: 6300 SOUTHPOINTE BLVD #329  
City-St-Zip: FORT MYERS, FL 33919 US

Title: T  
Name: ROBINSON, MARTHA  
Address: 6300 SOUTH POINTE BLVD #334  
City-St-Zip: FORT MYERS, FL 33919 US

Title: S  
Name: JENKINS, SARAH  
Address: 6300 SOUTH POINTE BLVD # 322  
City-St-Zip: FORT MYERS, FL 33919 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT NOONAN

P

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date