
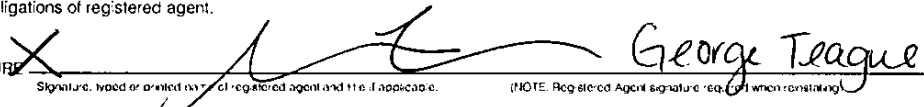
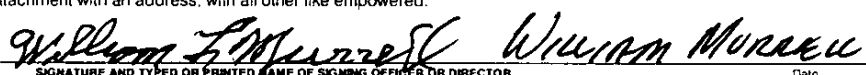


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90456 030 ****61.25

DOCUMENT # 752923 1. Entity Name SOUTH POINTE VILLAS CONDOMINIUM, PHASE IV, ASSOCIATION, INC.					
Principal Place of Business C/O THE MANAGEMENT CONNECTION, INC. 8270 COLLEGE PARKWAY, SUITE 103 FT. MYERS, FL 33919 US			Mailing Address C/O THE MANAGEMENT CONNECTION, INC. 8270 COLLEGE PARKWAY, SUITE 103 FT. MYERS, FL 33919 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03222005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2010631	
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	
FREDEN, ARLENE A C/O THE MANAGEMENT CONNECTION, INC. 8270 COLLEGE PARKWAY, SUITE 103 FT. MYERS, FL 33919				TEAGUE, GEORGE 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919	
				City FL Zip Code	
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>George Teague</u> <u>4-20-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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 MURRELL, BILL 6300 SOUTH PINT BLVD, #430 FORT MYERS, FL 33919	<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	VPTD KIZER, ED 6300 SOUTH POINTE BLVD #478 FORT MYERS, FL 33919	<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	D CHEWEY, VINCENT 6300 SOUTH POINTE BLVD #441 FORT MYERS, FL 33919	<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	SD SERENKO, JOHN 6300 SOUTH POINTE BLVD #469 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOMAX, JULIA 6300 SOUTH POINTE BLVD #474 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DECKER, GERALDINE 6300 SOUTH POINTE BLVD., #450 FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DECKER, GERALDINE 6300 SOUTH POINTE BLVD #450 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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>William Murrell</u> <u>3/25/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					