

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90347 007 \*\*\*\*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

40049720



2. Principal Place of Business

6300 SOUTH POINTE BLVD  
Suite, Apt. #, etc.

3. Mailing Address

C/O APEX MANAGEMENT  
Suite, Apt. #, etc.  
11595 KELLY RD

04062006 Chg-NP CR2E037 (11/05)

City & State  
FORT MYERS FL

City & State  
STE # 110

4. FEI Number  
59-2010631

Applied For  
Not Applicable

Zip Country  
33919 USA

Zip Country  
33908 USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TEAGUE, GEORGE  
8270 COLLEGE PARKWAY, SUITE 103  
FT. MYERS, FL 33919

7. Name and Address of New Registered Agent

Name  
APEX MANAGEMENT SERVICES OF LEE COUNTY INC.  
Street Address (P.O. Box Number is Not Acceptable)  
11595 KELLY RD  
STE # 110  
City FORT MYERS FL Zip Code 33908

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 Grace J. Murray, CAM GRACE J. MURRAY, MANAGING AGENT 4-10-06  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MURRELL, BILL ☐ Delete  
STREET ADDRESS 6300 SOUTH PINT BLVD, #430  
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE VPTD  
NAME KIZER, ED ☐ Delete  
STREET ADDRESS 6300 SOUTH POINTE BLVD #478  
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE D  
NAME CHEWEY, VINCENT ☐ Delete  
STREET ADDRESS 6300 SOUTH POINTE BLVD #441  
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE D  
NAME LOMAX, JULIA ☐ Delete  
STREET ADDRESS 6300 SOUTH POINTE BLVD, # 474  
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE SD  
NAME DECKER, GERALDINE ☐ Delete  
STREET ADDRESS 6300 SOUTH POINTE BLVD., #450  
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: William L. Murrell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM L. MURRELL PRESIDENT

4/13/06 239-482-0132  
Date Daytime Phone #

4-13-06