

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90044 008 \*\*\*\*61.25

<b>DOCUMENT # 752923</b> 1. Entity Name SOUTH POINTE VILLAS CONDOMINIUM, PHASE IV, ASSOCIATION, INC.					
Principal Place of Business 6300 SOUTH POINTE BLVD FORT MYERS, FL 33919 US				Mailing Address C/O APEX MANAGEMENT 11595 KELLY RD SUITE 110 FORT MYERS, FL 33908 US	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address 13611 MCGREGOR BLVD STE 6 City & State FORT MYERS FL Zip 33919			
City & State City & State FORT MYERS FL		4. FEI Number 59-2010631		Applied For <input type="checkbox"/> Not Applicable	
Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04022008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent APEX MGMT SVCS OF LEE CTY, INC 11595 KELLY RD SUITE 110 FORT MYERS, FL 33908				7. Name and Address of New Registered Agent Name APEX MANAGEMENT SERVICES Street Address (P.O. Box Number is Not Acceptable) 13611 MCGREGOR BLVD STE 6 City FORT MYERS FL Zip Code 33919	
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>Grace J Murray, CAM</u> <u>GRACE J MURRAY, CAM.</u> <u>4-10-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	MURRELL, WILLIAM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDWELL, MARY 6300 SOUTH POINTE BLVD #424 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	VTD LOMAX, JULIA 6300 SOUTH POINTE BLVD, # 474 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 DECKER, GERALDINE 6300 SOUTH POINTE BLVD., #450 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		<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>William Murrell</u> <u>WILLIAM MURRELL</u> <u>4-10-08 (239) 437-8400</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					