

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763496

FILED  
Apr 25, 2008  
Secretary of State

**Entity Name:** SOUTHPOINT OF DAYTONA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4453 SOUTH ATLANTIC AVENUE  
PONCE INLET, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

4453 SOUTH ATLANTIC AVENUE  
PONCE INLET, FL 32127

**New Mailing Address:**

**FEI Number:** 59-2288095

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GOODWIN, MORRIS W JR.  
TJW MANAGEMENT COMPANY INC.  
150 DUNDE ROAD  
DAYTONA BEACH SHORES, FL 321185406 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: GALLOF, ALBERT  
Address: 6112 ST IVES BLVD  
City-St-Zip: ORLANDO, FL 32819

Title: VPD ( ) Delete  
Name: MUSSO, SALLY  
Address: 1208 N LEE ST #10  
City-St-Zip: LEESBURG, FL 34748

Title: STD ( ) Delete  
Name: LINDQUIST, BRETT  
Address: 1807 PALM VIEW COURT  
City-St-Zip: LONGWOOD, FL 32779

**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: BRETT LINDQUIST

ST

04/25/2008

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

\_\_\_\_\_  
Date