2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# 764136

Entity Name: SOUTH POINTE WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13117 FEATHERSOUND DR
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

13117 FEATHERSOUND DR
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 59-2232122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YERRICK, DOUGLAS L
13117 FEATHERSOUND DRIVE
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:	S	( ) Delete
Name:	OLIVER, NOREEN	
Address:	9369 LENNOX LN	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	T	( ) Delete
Name:	BRESCIA, STEVE	
Address:	9364 LENNOX LN	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	SD	( ) Delete
Name:	PETRIELLA, JIM	
Address:	6745 OLDE FIELD CT	
City-St-Zip:	MENTOR, OH 44060	
Title:	P	( ) Delete
Name:	LESNOWSKI, JOHN	
Address:	POB 1	
City-St-Zip:	SUMMIT, NY 12175	
Title:	DL	( ) Delete
Name:	ABATE, JOSEPH C	
Address:	5247 WILSON MILLS ROAD #151	
City-St-Zip:	RICHMOND HTS., OH 44143	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	PETRIELLA, JIM	
Address:	9377 LENNEX LANE	
City-St-Zip:	FT MYERS, FL 33919	
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: JOHN LESNEWSKI PRES 03/30/2009

Electronic Signature of Signing Officer or Director — Date