

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 769215 (5)**

1. Corporation Name  
**SOUTHPOINTE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: **3700 HIATUS RD P.O. BOX 4500065 SUNRISE FL 33345**  
Mailing Address: **3700 HIATUS RD P.O. BOX 4500065 SUNRISE FL 33345**

3. Date Incorporated or Qualified: **06/29/1983**  
3a. Date of Last Report: **04/10/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc.	<b>59-2316218</b>	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>KAYE &amp; ROGER, P.A. 1500 WEST CYPRESS CREEK ROAD SUITE 207 FT LAUDERDALE FL 33334</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. State <b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when nonstatutory) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>TURNER, MARY</b>		1.2 NAME: <b>BARRY SILVER</b>	
STREET ADDRESS: <b>3553 SW 111 TERR</b>		1.3 STREET ADDRESS: <b>3612 NW 111 Terr. Sunrise, FL 33351</b>	
CITY-ST-ZIP: <b>SUNRISE FL</b>		1.4 CITY-ST-ZIP: <b>SUNRISE, FL 33351</b>	
TITLE: <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>ZATZMAN, ALLEN</b>		2.2 NAME: <b>KAREN BINGHAM</b>	
STREET ADDRESS: <b>3501 N.W. 111 TERRACE</b>		2.3 STREET ADDRESS: <b>11156 NW 35 Street</b>	
CITY-ST-ZIP: <b>SUNRISE FL</b>		2.4 CITY-ST-ZIP: <b>Sunrise, FL 33351</b>	
TITLE: <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE: <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BINGHAM, KAREN</b>		3.2 NAME: <b>BRENDA AYERS</b>	
STREET ADDRESS: <b>11156 NW 35 ST</b>		3.3 STREET ADDRESS: <b>11162 NW 36 Street</b>	
CITY-ST-ZIP: <b>SUNRISE FL</b>		3.4 CITY-ST-ZIP: <b>Sunrise, FL 33351</b>	
TITLE: <b>SD</b>	<input type="checkbox"/> DELETE	4.1 TITLE: <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>CALLAHAN, SHARON</b>		4.2 NAME: <b>JULIE PANUZI</b>	
STREET ADDRESS: <b>11185 NW 37 ST</b>		4.3 STREET ADDRESS: <b>3666 NW 111 Terr.</b>	
CITY-ST-ZIP: <b>SUNRISE FL</b>		4.4 CITY-ST-ZIP: <b>Sunrise, FL 33351</b>	
TITLE: <b>AS</b>	<input type="checkbox"/> DELETE	5.1 TITLE: <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>AYERS, BRENDA</b>		5.2 NAME: <b>SHARON CALLAHAN</b>	
STREET ADDRESS: <b>11162 NW 36 ST</b>		5.3 STREET ADDRESS: <b>11185 NW 37 Street</b>	
CITY-ST-ZIP: <b>SUNRISE FL</b>		5.4 CITY-ST-ZIP: <b>Sunrise, FL 33351</b>	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>BELNAVIS, VIVIEN</b>		6.2 NAME: <b>SUSAN WEIGEL</b>	
STREET ADDRESS: <b>11108 NW 35 ST</b>		6.3 STREET ADDRESS: <b>3572 NW 11 Terr.</b>	
CITY-ST-ZIP: <b>SUNRISE FL</b>		6.4 CITY-ST-ZIP: <b>Sunrise, FL 33351</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barry Silver* February 6, 1996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Da./Mo./Phone #

CR2E037 (12/95)