

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005 8:00 am
Secretary of State

02-22-2005 90028 022 ****61.25

DOCUMENT # 769215 1. Entity Name SOUTHPOINTE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business % INTEGRITY PROPERTY MANAGEMENT 953 UNIVERSITY DR CORAL SPRINGS, FL 33071 US		Mailing Address % INTEGRITY PROPERTY MANAGEMENT, INC. P.O. BOX 8700 CORAL SPRINGS, FL 33075 US	
2. Principal Place of Business % State Realty, Inc. Suite, Apt. #, etc. 5505 Pembroke Rd City & State Hollywood, FL Zip 33021		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-2316218		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		06192005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent WHITTLE, JOHN C 953 N. UNIVERSITY DRIVE CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name: JOHN D KEATING Street Address (P.O. Box Number is Not Acceptable) 5505 Pembroke Road City: Hollywood FL Zip Code: 33021	
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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: 6/19/05 <small>(NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is \$61.25 Due by September 7, 2005		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	
TITLE PD NAME AYERS, BRENDA STREET ADDRESS 11162 N.W. 38TH ST CITY-ST-ZIP SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SDT NAME ROODMAN, CHERYL STREET ADDRESS 3524 N.W. 111TH TERR CITY-ST-ZIP SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete	TITLE P.D. NAME MICHELLE GREENBAUM STREET ADDRESS SUNRISE, FL 33351 CITY-ST-ZIP SUNRISE, FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME RAYONI, DARLA STREET ADDRESS 11154 N.W. 37TH ST CITY-ST-ZIP SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete	TITLE D.V.P. NAME CRYSTINA CARDENAS STREET ADDRESS SUNRISE, FL 33351 CITY-ST-ZIP SUNRISE, FL 33351	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D.T. NAME STEVE GILBERT STREET ADDRESS SUNRISE, FL 33351 CITY-ST-ZIP SUNRISE, FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D. NAME RICK KROLIKOWSKI STREET ADDRESS SUNRISE, FL 33351 CITY-ST-ZIP SUNRISE, FL 33351	<input checked="" 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 exemption stated in Section 119.07(3)(i), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 6/19/05 DAYTIME PHONE: 954-983-5815	

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