


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 03, 2006 8:00 am
Secretary of State

02-09-2006 90046 041 ****61.25

DOCUMENT # 769215 1. Entity Name SOUTHPOINTE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business % STATE REALTY, INC 5505 PEMBROKE RD HOLLYWOOD, FL 33021-8035 US			Mailing Address % STATE REALTY, INC 5505 PEMBROKE RD HOLLYWOOD, FL 33021-8035 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2316218				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KEATING, JOHN D 5505 PEMBROKE ROAD HOLLYWOOD, FL 33021			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	<div style="display: flex; justify-content: space-between;"> D <input type="checkbox"/> Delete </div> GREENBAUM, MICHELE 11162 N.W. 36TH ST SUNRISE, FL 33351		TITLE	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<div style="display: flex; justify-content: space-between;"> DS <input checked="" type="checkbox"/> Delete </div> SULLIVAN, CARYN 3524 N.W. 111TH TERR SUNRISE, FL 33351		TITLE	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<div style="display: flex; justify-content: space-between;"> P <input type="checkbox"/> Delete </div> CREDONS, CRISTINA CARDENAS 11154 N.W. 37TH ST SUNRISE, FL 33351		TITLE	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<div style="display: flex; justify-content: space-between;"> STEVEN R. Gilbert <input type="checkbox"/> Delete </div> 3573 N.W. 111TH SUNRISE FL 33351		TITLE	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete </div>		TITLE	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> 12/7/06 984-983-7179 </div> <small>Date Daytime Phone #</small>		



ATTACHMENT

6603521

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2006

SOUTHPOINTE HOMEOWNERS ASSOCIATION, INC.
% STATE REALTY, INC
5505 PEMBROKE RD
HOLLYWOOD, FL 33021-8035 US

Subject: ~~SOUTHPOINTE HOMEOWNERS ASSOCIATION, INC.~~

Reference Number: 769215

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION