


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90094 013 ****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
---	---

40047288



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2316218

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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	
		FL Zip Code	

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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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 NAME STREET ADDRESS CITY-ST-ZIP	D GREENBAUM, MICHELE 11162 N.W. 36TH ST SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CREDONS, CRISTINA 11154 N.W. 37TH ST SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President + ROSIE CUBBELLOTTI 3661 NW 111 AVE SUNRISE FL 33351 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director GILBERT, STEVEN R 3573 NW 111 TERR FORT LAUDERDALE, FL 33351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jesus Fonte 3626 NW 111 Sunrise, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. ELIZABETH MURRAY 11164 NW 35 ST SUNRISE FL 33351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KEVIN SAWYER 3641 NW 111 AVE SUNRISE FL 33351 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUNRISE FL 33351 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: Rosie Cubbellotti 3/22/07 954-983-5815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JAN 16 2007