


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 771022
 * Entity Name
SOUTHPOINTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 3700 WOODGATE BLVD ORLANDO, FL 32822	Mailing Address 3700 WOODGATE BLVD ORLANDO, FL 32822
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01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMBROGNE, APRIL
 C/O SOUTHPOINTE CONDO ASSOCIATION
 3700 WOODGATE BLVD.
 ORLANDO, FL 32822

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMBROGNE, APRIL 3951 ATRIUM DR ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUSCONI, JOHN 3792 SOUTHPOINTE DRIVE ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, CHERYL 5946 CURRY FORD RD. ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIELLO, LUCILLE 3830 SOUTHPOINTE DR ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PICARDI, JOSEPH 3876 SOUTHPOINTE DR ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000396745
 01/30/06-20023-002 70.00

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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: *April Ambrogne* **1/27/06** 4072829250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #