


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

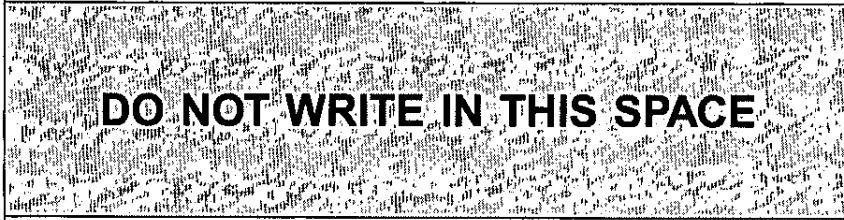

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # 771022

1. 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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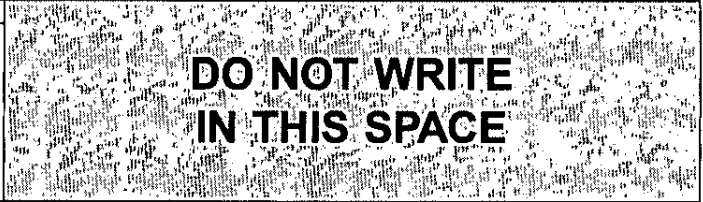



01242008 No Chg-NP CR2E037 (4/06)

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

8. Name and Address of Current Registered Agent

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



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)

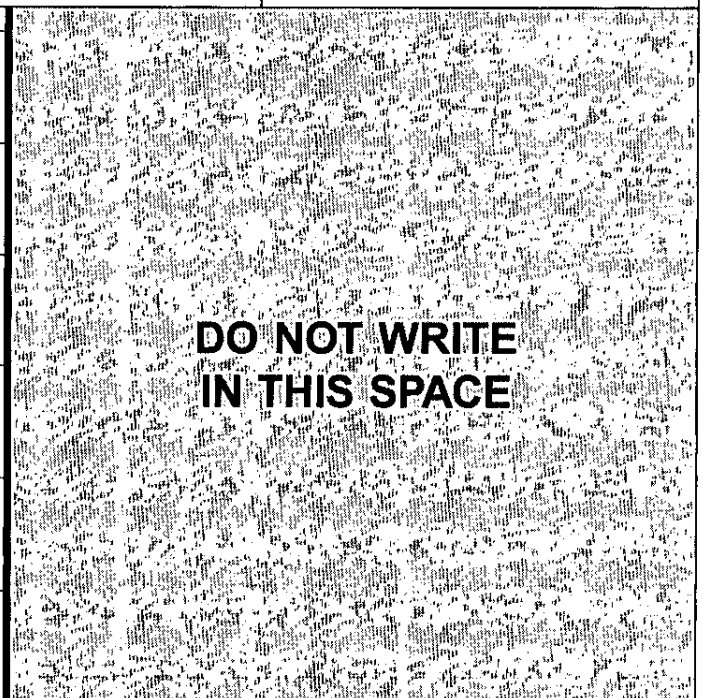
Filing Fee is \$61.25
Due by May 1, 2008

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

02/27/08-80026-025 61.25

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 3630 SOUTHPOINTE DR ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PICARDI, JOSEPH 3676 SOUTHPOINTE DR ORLANDO, FL 32822
TITLE NAME STREET ADDRESS 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: *April Ambrogne Carvaca* 2/12/08 407-282-9250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #