

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 06, 2009  
Secretary of State**

DOCUMENT# 771022

Entity Name: SOUTHPOINTE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3700 WOODGATE BLVD  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

3700 WOODGATE BLVD  
ORLANDO, FL 32822

**New Mailing Address:**

FEI Number: 59-2361122      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: AMBROGNE, APRIL  
Address: 3951 ATRIUM DR  
City-St-Zip: ORLANDO, FL 32822

Title: VP ( ) Delete  
Name: BUSCONI, JOHN  
Address: 3792 SOUTHPOINTE DRIVE  
City-St-Zip: ORLANDO, FL 32822

Title: D (X) Delete  
Name: TAYLOR, CHERYL  
Address: 5946 CURRY FORD RD.  
City-St-Zip: ORLANDO, FL 32822

Title: S ( ) Delete  
Name: BIELLO, LUCILLE  
Address: 3630 SOUTHPOINTE DR  
City-St-Zip: ORLANDO, FL 32822

Title: T ( ) Delete  
Name: PICARDI, JOSEPH  
Address: 3676 SOUTHPOINTE DR  
City-St-Zip: ORLANDO, FL 32822

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APRIL AMBROGNE

P

03/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date