

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90074 041 ****61.25

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1. Entity Name

**SOUTHPOINTE AT OCEAN VILLAGE HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**500 WINDWARD DR.
FT PIERCE FL 34949**

Mailing Address

**PO BOX 2846
FT PIERCE FL 34954-2846**



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3716050

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

**BLUMENTHAL, FANNY C MRS
61 SOUTHPOINTE DR.
FT. PIERCE FL 34949**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ERIKSON, AUSTIN	
STREET ADDRESS	2400 S. OCEAN DRIVE	
CITY-ST-ZIP	FORT PIERCE FL 34949	

TITLE	TD	<input type="checkbox"/> Delete
NAME	BLUMENTHAL, FANNY	
STREET ADDRESS	2400 S. OCEAN DRIVE	
CITY-ST-ZIP	FORT PIERCE FL 34949	

TITLE	SD	<input type="checkbox"/> Delete
NAME	BENNETT, PETER	
STREET ADDRESS	2400 S. OCEAN DRIVE	
CITY-ST-ZIP	FORT PIERCE FL 34949	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD -A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIKSSON, AUSTIN	
STREET ADDRESS	81 SOUTHPOINTE DRIVE	
CITY-ST-ZIP	FORT PIERCE, FL 34949	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUMENTHAL, FANNY	
STREET ADDRESS	61 SOUTHPOINTE DRIVE	
CITY-ST-ZIP	FORT PIERCE, FL 34949	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, PETER	
STREET ADDRESS	31 WINGHAVEN LANE	
CITY-ST-ZIP	FORT PIERCE, FL 34949	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: *Fanny C. Blumenthal* **TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07 (772) 465-1339

Date

Daytime Phone: #