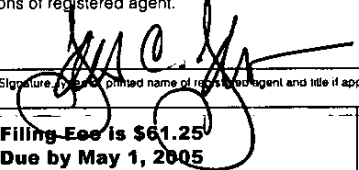
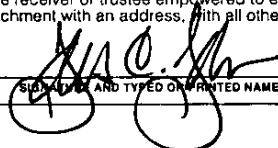


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90123 001 ****61.25

DOCUMENT # N02000008003 1. Entity Name SOHO POINTE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5041 W CYPRESS ST TAMPA, FL 33607			Mailing Address PO BOX 18082 TAMPA, FL 33679		
2. Principal Place of Business 115 S. ALBANY AVE. Suite, Apt. #, etc.		3. Mailing Address PO JACOB REAL ESTATE SERVICES, INC. Suite, Apt. #, etc. P.O. BOX 14400			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 59-2298995	
Zip 33606		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERRILL, RANDOLPH S 5041 W CYPRESS ST TAMPA, FL 33607				7. Name and Address of New Registered Agent Name JACOB, JAMES C. Street Address (P.O. Box Number is Not Acceptable) 115 SOUTH ALBANY AVENUE City TAMPA FL Zip Code 33606	
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 4/28/05 Signature of the registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRILL, RANDOLPH S 5041 W CYPRESS ST TAMPA, FL 33607	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERRILL, RANDOLPH S 1408 N. WEST SHORE BLVD., SUITE 116 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CISNEROS, FRANK G 5041 W CYPRESS ST TAMPA, FL 33607	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D GRIEWE, DON 701 S. HOWARD AVE., SUITE 2D1 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CISNEROS, FRANK G JR. 5041 W CYPRESS ST TAMPA, FL 33607	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D MIZE, DARREN 701 S. HOWARD AVE., SUITE 203 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  James C. Jacob DATE 4/28/05 (813) 258-3200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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