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	Mailing Address
5041 W CYPRESS ST TAMPA, FL 33607	PO BOX 18082 TAMPA, FL 33679

000014b7

04282005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
115 S. ALBANY AVE.	c/o JACOB REAL ESTATE SERVICES, INC.
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. BOX 14400
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33606 Country USA	Zip 33690 Country USA

4. FEI Number 59-2298995 ☐ Applied For ☐ Not Applicable

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 _____ 4/28/05
Signature of new registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P/D MERRILL, RANDOLPH S 1408 N. WEST SHORE BLVD., SUITE 1116 TAMPA, FL 33629	☒ Change ☐ Addition
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 201 TAMPA, FL 33606	☐ Change ☒ Addition
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	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 4/28/05 (813) 258-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #