

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # N02000008003

1. Entity Name
SOHO POINTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**701 S. HOWARD AVE.
TAMPA, FL 33609**

Mailing Address

**C/O JACOB REAL ESTATE SERVICES, INC.
P.O. BOX 2757
TAMPA, FL 33601-2157**



03122006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**JACOB, JAMES C
115 SOUTH ALBANY AVE
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000477702
04/06/06-80061-021 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MERRILL, RANDOLPH S
STREET ADDRESS 1408 N. W SHORES BLVD, STE 116
CITY-ST-ZIP TAMPA, FL 33629

TITLE VD
NAME GRIEWE, DON
STREET ADDRESS 701 S. HOWARD AVE, STE 201
CITY-ST-ZIP TAMPA, FL 33606

TITLE STD
NAME MIZE, DARREN
STREET ADDRESS 701 S. HOWARD AVE, STE 203
CITY-ST-ZIP TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06

Date

813-258-3200

Daytime Phone #