

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90065 009 \*\*\*\*61.25

**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**

**DO NOT WRITE IN THIS SPACE**



03252008 No Chg-NP CR2E037 (4/06)

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  
607 W. BAY ST.  
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, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MERRILL, RANDOLPH S  
500 N. WESTSHORE BLVD., #800  
TAMPA, FL 33609**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
CISNERDS, FRANK  
P.O. BOX 320785  
TAMPA, FL 33679**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** **Randolph S. Merrill** **813-514-1134**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #