## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000008003

FILED Apr 28, 2009 Secretary of State

Entity Name: SOHO POINTE CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 701 S. HOWARD AVE. TAMPA, FL 33609 **Current Mailing Address: New Mailing Address:** C/O JACOB REAL ESTATE SERVICES, INC. P.O. BOX 2757 TAMPA, FL 336012157 FEI Number: 59-2298995 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACOB, JAMES C 607 W. BAY ST. TAMPA, FL 33606 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MERRILL, RANDOLPH S Name: Name: Address: 500 N. WESTSHORE BLVD., #800 Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: STD () Delete Title: () Change () Addition Name: MIZE, DARREN Name: Address: 701 S. HOWARD AVE, STE 203 Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: Title: () Delete Title: () Change () Addition CISNERDS, FRANK Name: Name: Address: P.O. BOX 320785 Address: City-St-Zip: TAMPA, FL 33679 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C. JACOB RA 04/28/2009