

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000001540

1. Entity Name
SAILPOINTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
2450 SW 137TH AVE, STE 228
MIAMI, FL 33175
*C/O The Continental Group, Inc
11981 SW 144 CT, Suite 201
MIAMI, FL 33186*

Mailing Address
C/O THE CONTINENTAL GROUP, INC
11981 SW 144 CT, SUITE 201
MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05272008 Chg-NP CR2E037 (12/06)

4. FEI Number
06-1684853

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLITE TRUPPMAN, HAROLD B ESQ.
28 WEST FLAGLER STREET
SUITE 201
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

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

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, TERI	
STREET ADDRESS	15852 SW 71 STREET	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERNANDEZ, JUAN C	
STREET ADDRESS	6971 SW 158 PASSAGE	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	P	<input type="checkbox"/> Delete
NAME	MELENDEZ, FELIX	
STREET ADDRESS	P.O. BOX 144122	
CITY-ST-ZIP	CORAL GABLES, FL 33114	
TITLE	T	<input type="checkbox"/> Delete
NAME	EDWARDS, MARLON	
STREET ADDRESS	15839 SW 68 ST	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300132068689	
CITY-ST-ZIP	07/02/08--01010--010 **\$61.25	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Juan Carlos Hernandez	
STREET ADDRESS	6971 SW 158 Passage	
CITY-ST-ZIP	Miami, FL 33193	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	Gisella Ortiz	
CITY-ST-ZIP	15855 SW 71 Teri	
	miami, FL 33193	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Ceballos	
STREET ADDRESS	15865 SW 71 Teri	
CITY-ST-ZIP	miami, FL 33193	

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Felix Mendez Pres 6/2/08

Date

Daytime Phone #

FILED
08 JUN 24 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7/16/25