


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90066 035 ****61.25

DOCUMENT # N03000002253	
1. Entity Name SOUTHPPOINT OWNERS ASSOCIATION, INC.	

Principal Place of Business PO BOX 3153 PONTE VEDRA BEACH, FL 32004 US	Mailing Address PO BOX 3153 PONTE VEDRA BEACH, FL 32004 US
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2. Principal Place of Business PO BOX 51145	3. Mailing Address PO BOX 51145
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville Beach, FL	City & State Jacksonville Beach, FL
Zip 32240	Zip 32240
Country US	Country US



01102006 Chg-NP CR2E037 (11/05)

4. FEI Number 80-0080366	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BREITBART, JERRE 101 PLANTATION DR PONTE VEDRA BEACH, FL 32082	
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7. Name and Address of New Registered Agent	
Name Jerre Breitbart	
Street Address (P.O. Box Number is Not Acceptable) 2779 SEMINOLE RD #6	
City Atlantic Beach	Zip Code FL 32233

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 <i>Jerre Breitbart, Assoc Manager</i>	DATE 3/1/06
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PVTD	<input checked="" type="checkbox"/> Delete
NAME GAIENNIE, E.J.	
STREET ADDRESS 12412 SAN JOSE BLVD., STE. 104	
CITY-ST-ZIP JACKSONVILLE, FL 32223	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME CRABTREE, R.R.	
STREET ADDRESS 8777 SAN JOSE BLVD., BLDG. A, STE. 200	
CITY-ST-ZIP JACKSONVILLE, FL 32217	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME GAIENNIE, ROBBIE R	
STREET ADDRESS 12412 SAN JOSE BLVD., STE. 104	
CITY-ST-ZIP JACKSONVILLE, FL 32223	
TITLE D	<input type="checkbox"/> Delete
NAME BREITBART, JERRE	
STREET ADDRESS 101 PLANTATION DR	
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	
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 PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STUART TRACY WINFREE	
STREET ADDRESS 6817 SOUTHPOINT PKWY, ST 401	
CITY-ST-ZIP JACKSONVILLE, FL 32216	
TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JIM AKERS	
STREET ADDRESS 6817 SOUTHPOINT PKWY #1304	
CITY-ST-ZIP JACKSONVILLE, FL 32216	
TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BIANO COLOGNE	
STREET ADDRESS 6817 SOUTHPOINT PKWY #1001	
CITY-ST-ZIP JACKSONVILLE, FL 32216	
TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GARETH BALDWIN	
STREET ADDRESS 6817 SOUTHPOINT PKWY #901	
CITY-ST-ZIP JACKSONVILLE, FL 32216	
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	
STREET ADDRESS	
CITY-ST-ZIP	

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.	
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SIGNATURE: <i>James E. Akers</i>	3/2/06	904 281-8100
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>