

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90185 030 ****61.25

DOCUMENT # N03000002253

1. Entity Name
SOUTHPPOINT OWNERS ASSOCIATION, INC.



Principal Place of Business
**PO BOX 51145
JACKSONVILLE BEACH, FL 32240 US**

Mailing Address
**PO BOX 51145
JACKSONVILLE BEACH, FL 32240 US**

4000000000



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
80-0080366

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**BREITBART, JERRE
2279 SEMINOLE RD 6
ATLANTIC BEACH, FL 32233**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 PD
NAME **STUART, TRACY WINFRED** ☐ Delete
STREET ADDRESS **6817 SOUTHPPOINT PKWY STE 401**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE VPD
NAME **AKERS, JIM** ☐ Delete
STREET ADDRESS **6817 SOUTH POINT PKWY 1304**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE SD
NAME **COLOGNE, BLAND** ☒ Delete
STREET ADDRESS **6817 SOUTHPPOINT PKWY 1001**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE D
NAME **BREITBART, JERRE** ☐ Delete
STREET ADDRESS **101 PLANTATION DR**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE TD
NAME **BALDWIN, GARRETT** ☐ Delete
STREET ADDRESS **6817 SOUTHPPOINT PKWY 901**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME **WINFREE, STUART TRACY**
STREET ADDRESS **6817 SOUTHPPOINT PKWY STE 401**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **BREITBART, JERRE**
STREET ADDRESS **2279 Seminole Rd #6**
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

SIGNATURE:

Garrett Baldwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Garrett Baldwin

Date

Daytime Phone #

1-11-07 90185023827