

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 15, 2009  
Secretary of State**

DOCUMENT# N03000009893

Entity Name: SOUTH POINTE HOMEOWNERS ASSOCIATION OF STUART, INC.

**Current Principal Place of Business:**

SE MURRAY COVE CI  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

969 S FEDERAL HWY  
SUITE 401  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 25-1914267      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIGNATURE PROPERTY MGMT  
969 S FEDERAL HWY STE 401  
STUART, FL 34994      US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: PRUETTE, COURTNEY  
Address: 4563 SE MURRAY COVE CIR  
City-St-Zip: STUART, FL 34997

Title: TD ( ) Delete  
Name: RAUCCI, JOHN  
Address: 4572 SE MURRAY COVE CIRCLE  
City-St-Zip: STUART, FL 34997

Title: SD ( ) Delete  
Name: LEDDY, SEAN  
Address: 4568 SE MURRAY COVE CIRCLE  
City-St-Zip: STUART, FL 34997

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: MCGEE, MICHAEL  
Address: 4603 SE MURRAY COVE CIRCLE  
City-St-Zip: STUART, FL 34997

Title: D ( ) Change (X) Addition  
Name: DENAULT, YVES  
Address: 4528 SE MURRAY COVE CIRCLE  
City-St-Zip: STUART, FL 34997

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: LENARD GOLDBAUM

AGNT

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date