

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-13-2006 90066 002 ****61.25

DOCUMENT # N04000001501

1. Entity Name
SOUTHPOINT OWNERS ASSOCIATION PHASE II, INC.



Principal Place of Business
12412 SAN JOSE BLVD, STE 104
JACKSONVILLE, FL 32223

Mailing Address
12412 SAN JOSE BLVD, STE 104
JACKSONVILLE, FL 32223

2. Principal Place of Business
PO Box 51145
Suite, Apt. #, etc.

3. Mailing Address
PO Box 51145
Suite, Apt. #, etc.

City & State
Jacksonville Beach, FL
Zip 32240 Country US

City & State
Jacksonville Beach, FL
Zip 32240 Country US

03022006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CRABTREE, R R
8777 SAN JOSE BLVD
BLDG A, STE 200
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name
JERRE Bratbart
Street Address (P.O. Box Number is Not Acceptable)
2279 SEMINOLE Rd #6
City ATLANTIC BEACH FL Zip Code 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

Signature, typed or printed name of registered agent and title if applicable.
Jerre Bratbart, Assoc. Mgr.
(NOTE: Registered Agent signature required when reinstating)

DATE

3/2/06

Filing Fee is \$61.25
Due by May 1, 2006

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	PVT	<input checked="" type="checkbox"/> Delete
NAME	GAIENNIE, E J	
STREET ADDRESS	12412 SAN JOSE BLVD, STE 104	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	S	<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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGIE HARNER	
STREET ADDRESS	6817 SOUTHPOINT PARKWAY #1504	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE DUNAWAY	
STREET ADDRESS	6817 SOUTHPOINT PARKWAY #1601	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD CAMP	
STREET ADDRESS	6817 SOUTHPOINT PARKWAY #2201	
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.

SIGNATURE:

Margie Harner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/06

904 662-3822