

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90034 016 ****61.25

DOCUMENT # N04000001501

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



Principal Place of Business
P.O. BOX 51145
JACKSONVILLE BEACH, FL 32240

Mailing Address
P.O. BOX 51145
JACKSONVILLE BEACH, FL 32240

40044561



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

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

7. Name and Address of New Registered Agent

BRETBART, JERRE
2279 SEMINOLE RD #6
ATLANTIC BEACH, FL 32233

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, 2008

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
HARNER, MARGIE
6817 SOUTHPOINT PKWY. #1504
JACKSONVILLE, FL 32216 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
S
DUNAWAY, MIKE
6817 SOUTHPOINT PKWY. #1601
JACKSONVILLE, FL 32216 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
T
CAMP, RICHARD
6817 SOUTHPOINT PKWY. #2201
JACKSONVILLE, FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VP
MCCLOSKEY, NORM
6817 SOUTHPOINT PKWY SUITE 1904
JACKSONVILLE, FL 32216 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
MARK MULLIN
6817 SOUTHPOINT PKWY, Suite 2101
JACKSONVILLE, FL 32216 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
George Brew
6817 SOUTHPOINT PKWY, Suite 1803
JACKSONVILLE FL 32216 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
ARUN Venkatesan
6817 SOUTHPOINT PKWY, Ste 2104
JACKSONVILLE FL 32216 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
JERRE BRETBART
PO BOX 51145
JACKSONVILLE BEACH, FL 32240 ☐ Change ☒ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day(s): Even(s): #

3/5/08