

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004314

FILED
Mar 30, 2009
Secretary of State

Entity Name: SOUTHPOINT PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6675 CORPORATE CENTER PARKWAY SUITE 100
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6675 CORPORATE CENTER PARKWAY SUITE 100
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-3294075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, BERT C
1660 PRUDENTIAL DRIVE SUITE 203
JACKSONVILLE, FL 32207 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: COLEY, W. ALEX
Address: 6675 CORPORATE CENTER PARKWAY SUITE 100
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD () Delete
Name: COOK, CHARLES F
Address: 301 WEST BAY STREET SUITE 800
City-St-Zip: JACKSONVILLE, FL 32202

Title: STD () Delete
Name: CREWS, ELISABETH K
Address: 6675 CORPORATE CENTER PARKWAY SUITE 100
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: YOST, JONATHAN
Address: 6675 CORPORATE CENTER PARKWAY SUITE 100
City-St-Zip: JACKSONVILLE, FL 32216

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: W. ALEX COLEY

MR.

03/30/2009

Electronic Signature of Signing Officer or Director

Date