# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 06, 2007**
**Secretary of State**

DOCUMENT# N05000007700

**Entity Name:** SOUTHPOINT AIRPARK COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

110 KIRBY THOMPSON RD
ALVA, FL 33920

**New Principal Place of Business:**

110 KIRBY THOMPSON RD
LABELLE, FL 33935

**Current Mailing Address:**

110 KIRBY THOMPSON RD
ALVA, FL 33920

**New Mailing Address:**

110 KIRBY THOMPSON RD
LABELLE, FL 33935

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

MORRISON, ROBERT H
110 KIRBY THOMPSON RD
ALVA, FL 33920 US

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

MORRISON, ROBERT H
110 KIRBY THOMPSON RD
LABELLE, FL 33935 US

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: 03/06/2007
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: MORRISON, ROBERT H
Address: 110 KIRBY THOMPSON RD
City-St-Zip: ALVA, FL 33920

Title: DV ( ) Delete
Name: HAAS, ROBERT B
Address: 6044 W HWY 80
City-St-Zip: ALVA, FL 33920

Title: DST ( ) Delete
Name: NICKERSON, CHARLES
Address: 5261 QUEENS KEW
City-St-Zip: BONITA SPRINGS, FL

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

Title: DP (X) Change ( ) Addition
Name: MORRISON, ROBERT H
Address: 110 KIRBY THOMPSON RD
City-St-Zip: LABELLE, FL 33935

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT H MORRISON DP 03/06/2007
Electronic Signature of Signing Officer or Director — Date