

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007700

FILED  
Jan 22, 2008  
Secretary of State

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

**Current Principal Place of Business:**

110 KIRBY THOMPSON RD  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

110 KIRBY THOMPSON RD  
LABELLE, FL 33935

**New Mailing Address:**

**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  
LABELLE, FL 33935 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: DP ( ) Delete  
Name: MORRISON, ROBERT H  
Address: 110 KIRBY THOMPSON RD  
City-St-Zip: LABELLE, FL 33935

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

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 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

01/22/2008

Electronic Signature of Signing Officer or Director

Date