

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N05733** (3)  
1. Corporation Name  
**THE SOUTHPOINTE ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**5303 100 ORTEGA BOULEVARD JACKSONVILLE FL 32210**

2. Principal Place of Business 2a. Mailing Address  
21 **5303 ORTEGA Blvd.** 26  
22 **#100** 27  
23 **JACKSONVILLE, FL.** 28  
24 **32210** 25 **USA** 29

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/18/1984** 3a. Date of Last Report **03/15/1994**

4. FEI Number **59-2458071** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BRAMLETT, MARK L, JR.  
5303 ORTEGA BLVD #304  
JACKSONVILLE 32210**

10. Name and Address of New Registered Agent  
81 Name **Mrs. Louise TAYLOR**  
82 Street Address (P.O. Box Number is Not Acceptable) **5303 ORTEGA Blvd # 305**  
83  
84 City **JACKSONVILLE** FL 85 Zip Code **32210**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Louise Taylor* DATE **2/22/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRAMLETT, M.L.
STREET ADDRESS	5303 ORTEGA BLVD 304
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VTD
NAME	STEWART, B. I
STREET ADDRESS	5303 ORTEGA BLVD. #204
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	SD
NAME	TAYLOR, LOUISE
STREET ADDRESS	5303 ORTEGA BLVD 305
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	GILLETTE, ANN
STREET ADDRESS	5303 ORTEGA BLVD., SUITE 302
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mrs. Louise TAYLOR	
1.3 STREET ADDRESS	5303 ORTEGA Blvd. #305	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32210	
2.1 TITLE	VFD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mrs. ANN BUTLER	
2.3 STREET ADDRESS	5303 ORTEGA Blvd. #205	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32210	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mrs. CAROLE Ducote	
3.3 STREET ADDRESS	5303 ORTEGA Blvd. #102	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32210	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STEWART B. IRA	
4.3 STREET ADDRESS	5303 ORTEGA Blvd #204	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32210	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Louise Taylor* DATE: **2/22/95**