

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N05733 (3)**

1. Corporation Name  
**THE SOUTHPOINTE ASSOCIATION, INC.**



Principal Place of Business: **5303 ORTEGA BLVD. #100 JACKSONVILLE FL 32210 US**  
Mailing Address: **5303 100 ORTEGA BOULEVARD JACKSONVILLE FL 32210**

3. Date Incorporated or Qualified: **10/18/1984**  
3a. Date of Last Report: **03/23/1995**

2. Principal Place of Business: **5303 Ortega Blvd. #104 Jacksonville, FL 32210 USA**  
2a. Mailing Address: **5303 Ortega Blvd. #104 Jacksonville, FL 32210 USA**

4. FEI Number: **59-2458071**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**TAYLOR, MRS. LOUISE  
5303 ORTEGA BLVD.  
#305  
JACKSONVILLE 32210**

10. Name and Address of New Registered Agent  
81 Name: **George B. Stallings, Jr.**  
82 Street Address (P.O. Box Number is Not Acceptable): **5303 Ortega Blvd., Unit 104**  
83  
84 City: **Jacksonville, FL** 85 Zip Code: **32210**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: George B. Stallings, Jr. DATE: April 16, 1996  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)

| 12. OFFICERS AND DIRECTORS                  |  |
|---|--|
| TITLE: PD                                   | <input checked="" type="checkbox"/> DELETE |
| NAME: TAYLOR, MRS. LOUISE                   |  |
| STREET ADDRESS: 5303 ORTEGA BLVD., #305     |  |
| CITY-ST-ZIP: JACKSONVILLE FL                |  |
| TITLE: VPD                                  | <input checked="" type="checkbox"/> DELETE |
| NAME: BUTLER, MRS. ANN                      |  |
| STREET ADDRESS: 5303 ORTEGA BLVD., #205     |  |
| CITY-ST-ZIP: JACKSONVILLE FL                |  |
| TITLE: SD                                   | <input type="checkbox"/> DELETE            |
| NAME: DUCOTE, MRS. CAROLE                   |  |
| STREET ADDRESS: 5303 ORTEGA BLVD, #102      |  |
| CITY-ST-ZIP: JACKSONVILLE FL                |  |
| TITLE: TD                                   | <input type="checkbox"/> DELETE            |
| NAME: STEWART, B. IRA                       |  |
| STREET ADDRESS: 5303 ORTEGA BLVD., #204     |  |
| CITY-ST-ZIP: JACKSONVILLE FL                |  |
| TITLE: President                            | <input type="checkbox"/> DELETE            |
| NAME: George B. Stallings Jr.               |  |
| STREET ADDRESS: 5303 Ortega Blvd. Unit 104  |  |
| CITY-ST-ZIP: Jacksonville FL 32210          |  |
| TITLE: Vice-President                       | <input type="checkbox"/> DELETE            |
| NAME: Taylor, Mrs. Louise                   |  |
| STREET ADDRESS: 5303 Ortega Blvd., Unit 305 |  |
| CITY-ST-ZIP: Jacksonville, FL 32210         |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 11 TITLE: Assistant Treasurer                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME: IRA, Mrs. Bebe                               |  |
| 13 STREET ADDRESS: 5303 Ortega Blvd., Unit 204        |  |
| 14 CITY-ST-ZIP: Jacksonville, FL 32210                |  |
| 21 TITLE:   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME:  |  |
| 23 STREET ADDRESS:                                    |  |
| 24 CITY-ST-ZIP:                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 31 TITLE:   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME:  |  |
| 33 STREET ADDRESS:                                    |  |
| 34 CITY-ST-ZIP:                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 41 TITLE:   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME:  |  |
| 43 STREET ADDRESS:                                    |  |
| 44 CITY-ST-ZIP:                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 51 TITLE:   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME:  |  |
| 53 STREET ADDRESS:                                    |  |
| 54 CITY-ST-ZIP:                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 61 TITLE:   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME:  |  |
| 63 STREET ADDRESS:                                    |  |
| 64 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: George B. Stallings, Jr. DATE: April 16, 1996 DAYTIME PHONE #: 904-384-5254  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)