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Mar 28 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **N05733 (3)**

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



Principal Place of Business Mailing Address  
**5303 ORTEGA BLVD. UNIT 104 JACKSONVILLE FL 32210 US**

3. Date Incorporated or Qualified **10/18/1984** 3a. Date of Last Report **04/26/1996**

2. Principal Place of Business 2a. Mailing Address  
**5303 Ortega Blvd.**

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

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Unit 104**

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

City & State City & State  
**Jacksonville, FL**

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

Zip Country Zip Country  
**32210 USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAYLOR, MRS. LOUISE  
5303 ORTEGA BLVD.  
UNITE 104  
JACKSONVILLE 32210**

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 **2/17/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT IRA, BEBE M 5303 ORTEGA BLVD. UNIT 204 JACKSONVILLE FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STALLINGS, GEORGE B JR 5303 ORTEGA BLVD. UNIT 104 JACKSONVILLE FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Secretary-Treasurer/Dir.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>George B. Stallings, Jr. 5303 Ortega Blvd., Unit 104 Jacksonville, FL 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DUCOTE, MRS. CAROLE 5303 ORTEGA BLVD, #102 JACKSONVILLE FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>President/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Mrs. Carolyn Ducote 5303 Ortega Blvd., Unit 102 Jacksonville, FL 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD STEWART, B. I 5303 ORTEGA BLVD., #204 JACKSONVILLE FL</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>Vice-President/Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Louise M. Taylor 5303 Ortega Blvd., Unit 305 Jacksonville, FL 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP TAYLOR, LOUISE M 5303 ORTEGA BLVD., UNIT 305 JACKSONVILLE FL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Stewart Ira 5303 Ortega Blvd. Unit 204 Jacksonville, FL 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **2/18/97** 904-384-5254

CR2E037 (9/96)