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**Feb 12 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



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

3. Date Incorporated or Qualified  
**10/18/1984**

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

2. Principal Place of Business  
21. **Same as above**

2a. Mailing Address  
26. Suite, Apt. #, etc.

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

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

22. City & State  
27. City & State

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

23. Zip Country  
28. Zip Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**STALLINGS, GEORGE B DR. JR.  
5303 ORTEGA BLVD.  
UNIT 104  
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. City: **JACKSONVILLE**  
84. State: **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, TREASURER** *George B. Stallings, Jr.* DATE: **2/6/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEWART, IRA</b>	
STREET ADDRESS	<b>5303 ORTEGA BLVD. UNIT 204</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STALLINGS, GEORGE B DR.</b>	
STREET ADDRESS	<b>5303 ORTEGA BLVD. UNIT 104</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DUCOTE, CAROLYN M</b>	
STREET ADDRESS	<b>5303 ORTEGA BLVD, #102</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, LOUISE M</b>	
STREET ADDRESS	<b>5303 ORTEGA BLVD., UNIT 305</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, LOUISE M</b>	
STREET ADDRESS	<b>5303 ORTEGA BLVD., UNIT 305</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MARTHA STALLINGS</b>	
1.3 STREET ADDRESS	<b>5303 ORTEGA BLVD UNIT 101</b>	
1.4 CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
2.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>STALLINGS, GEORGE B., JR.</b>	
2.3 STREET ADDRESS	<b>5303 ORTEGA BLVD. UNIT 104</b>	
2.4 CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
3.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JO HARPER</b>	
3.3 STREET ADDRESS	<b>5303 ORTEGA BLVD UNIT 207</b>	
3.4 CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>JODY MC FALL</b>	
4.3 STREET ADDRESS	<b>5303 ORTEGA BLVD UNIT 302</b>	
4.4 CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>MARION RITCH</b>	
5.3 STREET ADDRESS	<b>5303 ORTEGA BLVD UNIT 103</b>	
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>C. HARRIS DITTMAR</b>	
6.3 STREET ADDRESS	<b>4031 TIMUQUANA ROAD</b>	
6.4 CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	

14. I 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: **2/6/98** (904) 384-5254

CR2E037 (10/97)