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04-19-1999 90079 040 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N05733

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

10/18/1984

4. FEI Number

59-2458071

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

STALLINGS, GEORGE B JR.  
 5303 ORTEGA BLVD.  
 UNIT 104  
 JACKSONVILLE 32210

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

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.*

*George B. Stallings Jr.*

4/13/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STALLINGS, MARTHA	
STREET ADDRESS	5303 ORTEGA BLVD UNIT 101	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STALLINS, GEORGE B DR.	
STREET ADDRESS	5303 ORTEGA BLVD. UNIT 104	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DUKOTE, CAROLYN M	
STREET ADDRESS	5303 ORTEGA BLVD, #102	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, LOUISE M	
STREET ADDRESS	5303 ORTEGA BLVD., UNIT 305	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, LOUISE M	
STREET ADDRESS	5303 ORTEGA BLVD., UNIT 305	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HARPER, JO	
STREET ADDRESS	5303 ORTEGA BLVD UNIT 207	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

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	PAISLEY BONEY	
1.3 STREET ADDRESS	5303 Ortega Blvd, Unit 208	
1.4 CITY-ST-ZIP	Jacksonville, FL 32210	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GEORGE B. STALLINGS, JR.	
2.3 STREET ADDRESS	5303 Ortega Blvd., Unit 104	
2.4 CITY-ST-ZIP	Jacksonville, FL 32210	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROGER BRINKLEY	
3.3 STREET ADDRESS	5303 Ortega Blvd., Unit 203	
3.4 CITY-ST-ZIP	Jacksonville, FL 32210	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SUE CULPEPPER	
4.3 STREET ADDRESS	5303 Ortega Blvd., Unit 206	
4.4 CITY-ST-ZIP	Jacksonville, FL 32210	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STEWART IRA	
5.3 STREET ADDRESS	5303 Ortega Blvd., Unit 204	
5.4 CITY-ST-ZIP	Jacksonville, FL 32210	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	C. HARRIS DITTMAR	
6.3 STREET ADDRESS	4031 Timuquana Rd.	
6.4 CITY-ST-ZIP	JACKSONVILLE FL 32210	

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, with all other like empowered.

SIGNATURE:

*George B. Stallings Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

Date

(904) 384-5254

Daytime Phone #

CR2E037 (11/98)