

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90027 022 ****61.25

DOCUMENT # N05733

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2458071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name George B. Stallings, Jr.

Street Address (P.O. Box Number is Not Acceptable)

5303 Ortega Blvd.,

Unit 104

City Jacksonville

FL

Zip Code

32210

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

George B. Stallings, Jr.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

February 14, 2005

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	IRA, STEWART	
STREET ADDRESS	5303 ORTEGA BLVD UNIT 204	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	BONEY, PAISLEY	
STREET ADDRESS	5303 ORTEGA BLVD UNIT 208	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRINKLEY, ROGER	
STREET ADDRESS	5303 ORTEGA BLVD. UNIT 203	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOUISE, TAYLOR	
STREET ADDRESS	5303 ORTEGA BLVD UNIT 305	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULPEPPER, SUE	
STREET ADDRESS	2303 ORTEGA BLVD. UNIT 206	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STALLINGS, GEORGE B JR	
STREET ADDRESS	5303 ORTEGA BLVD. UNIT 104	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jill Sprunt	
STREET ADDRESS	5303 Ortega Blvd, Unit 103	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Holmes	
STREET ADDRESS	5303 Ortega Blvd, Unit 304	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane Pedrick	
STREET ADDRESS	5303 Ortega Blvd, Unit 201	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George B. Stallings, Jr. George B. Stallings, Jr. Feb. 14, 2005 384-5254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #