


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90044 037 ****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		40020020	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01042007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2458071	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STALLINGS, GEORGE B JR 5303 ORTEGA BLVD. UNIT 104 JACKSONVILLE, FL 32210				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 <u>George B. Stallings, Jr.</u>				DATE <u>3/1/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DS	<input type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPRUNT, JILL			NAME	Marie Howell
STREET ADDRESS	5303 ORTEGA BLVD, UNIT 103			STREET ADDRESS	5303 Ortega Blvd, Unit 105
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	DVP	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEDRICK, JANE			NAME	Marshall Howell
STREET ADDRESS	5303 ORTEGA BLVD, UNIT 201			STREET ADDRESS	5303 Ortega Blvd, Unit 105
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, PAMELA			NAME	Freeman, Pamela
STREET ADDRESS	5303 ORTEGA BLVD, UNIT 102			STREET ADDRESS	5303 Ortega Blvd, Unit 102
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	LOUISE, TAYLOR			NAME	
STREET ADDRESS	5303 ORTEGA BLVD UNIT 305			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	CULPEPPER, SUE			NAME	
STREET ADDRESS	2303 ORTEGA BLVD. UNIT 206			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP	
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	STALLINGS, GEORGE B JR			NAME	
STREET ADDRESS	5303 ORTEGA BLVD. UNIT 104			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Marie J Howell</u>				DATE: <u>3/1/07</u> (904) 388 6645	
Treasurer					