

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90020 038 ****61.25

DOCUMENT # N05733 1. Entity Name THE SOUTHPONTE 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 - No P.O. Box # 5303 Ortega Blvd.		3. Mailing Address 5303 Ortega Blvd.			
Suite, Apt. #, etc. Unit 105		Suite, Apt. #, etc. Unit 105			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32210	Country US	Zip 32210	Country US	4. FEI Number 59-2458071	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>January 14, 2008</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	DS SPRUNT, JILL <input type="checkbox"/> Delete 5303 ORTEGA BLVD, UNIT 103 JACKSONVILLE, FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition Marie Howell 5303 Ortega Blvd., Unit 105 Jacksonville, FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete PEDRICK, JANE 5303 ORTEGA BLVD, UNIT 201 JACKSONVILLE, FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Marshall Howell 5303 Ortega Blvd., Unit 105 Jacksonville, FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FREEMAN, PAMELA 5303 ORTEGA BLVD, UNIT 102 JACKSONVILLE, FL 32210		(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete LOUISE, TAYLOR 5303 ORTEGA BLVD UNIT 305 JACKSONVILLE, FL 32210		(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CULPEPPER, SUE 2303 ORTEGA BLVD. UNIT 206 JACKSONVILLE, FL 32210		(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete STALLINGS, GEORGE B JR 5303 ORTEGA BLVD UNIT 104 JACKSONVILLE, FL 32210		(Empty row for additions/changes)		
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 T Howell</u> Marie T Howell <u>1/14/08 (904) 874-6939</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					