


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 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 - No P.O. Box # <i>5303 Ortega Blvd.</i>		3. Mailing Address <i>5303 Ortega Blvd.</i>	
Suite, Apt. #, etc. <i>Unit 105</i>		Suite, Apt. #, etc. <i>Unit 105</i>	
City & State <i>Jacksonville, FL</i>		City & State <i>Jacksonville, FL</i>	
Zip <i>32210</i>	Country <i>US</i>	Zip <i>32210</i>	Country <i>US</i>
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 <i>George B. Stallings, Jr.</i>		DATE <i>January 14, 2008</i>	
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 5303 ORTEGA BLVD, UNIT 103 JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Marie Howell 5303 Ortega Blvd., Unit 105 Jacksonville, FL 32210 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PEDRICK, JANE 5303 ORTEGA BLVD, UNIT 201 JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marshall Howell 5303 Ortega Blvd., Unit 105 Jacksonville, FL 32210 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, PAMELA 5303 ORTEGA BLVD, UNIT 102 JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUISE, TAYLOR 5303 ORTEGA BLVD UNIT 305 JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULPEPPER, SUE 2303 ORTEGA BLVD. UNIT 206 JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STALLINGS, GEORGE B JR 5303 ORTEGA BLVD UNIT 104 JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <i>Marie T Howell</i>		Date <i>1/14/08</i> Daytime Phone # <i>(904) 874-6939</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Marie T Howell</i>		Treasurer	