

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05733

FILED
Jan 16, 2012
Secretary of State

Entity Name: THE SOUTHPOINTE ASSOCIATION, INC.

Current Principal Place of Business:

5303 ORTEGA BLVD
UNIT 104
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

5303 ORTEGA BLVD
UNIT 104
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 59-2458071 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: BUTLER, ANNE
Address: 5303 ORTEGA BLVD, UNIT 205
City-St-Zip: JACKSONVILLE, FL 32210

Title: DS
Name: PEDRICK, JANE
Address: 5303 ORTEGA BLVD, UNIT 201
City-St-Zip: JACKSONVILLE, FL 32210

Title: DP
Name: FREEMAN, PAMELA
Address: 5303 ORTEGA BLVD, UNIT 102
City-St-Zip: JACKSONVILLE, FL 32210

Title: DVP
Name: IRA, STEWERT
Address: 5303 ORTEGA BLVD UNIT 106
City-St-Zip: JACKSONVILLE, FL 32210

Title: D
Name: CULPEPPER, SUE
Address: 2303 ORTEGA BLVD, UNIT 206
City-St-Zip: JACKSONVILLE, FL 32210

Title: DT
Name: HOWELL, MARSHALL JR
Address: 5303 ORTEGA BLVD UNIT 105
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE B. STALLINGS, JR.

D

01/16/2012

Electronic Signature of Signing Officer or Director

_____ Date