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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25733 (9)

1. Corporation Name

SOUTHPOINT COMMERCIAL PARK CONDOMINIUM ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
1560 MATTHEW DR. SUITE I FT. MYERS FL 33907 US	1560-I MATTHEW DR. FT. MYERS FL 33907-1702 US

3. Date Incorporated or Qualified: 04/04/1988	3a. Date of Last Report: 04/29/1996
4. FEI Number: 59-2025182	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 12811 Kenwood Lane	26 12811 Kenwood Lane
Suite, Apt. #, etc. 22 SUite 115	Suite, Apt. #, etc. 27 Suite 115
City & State 23 Fort Myers, FL	City & State 28 Fort Myers, FL
Zip / Country 24 33907 / 25 Lee	Zip / Country 29 33907 / 30 Lee

9. Name and Address of Current Registered Agent

FORTINER, JAMES S.
1560 MATTHEW DR.
SUITE I
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 12811 Kenwood Lane

83 Suite 115

84 City: Fort Myers FL 85 Zip Code: 33907

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	WITT, DAVID		1.2 NAME		
STREET ADDRESS	8945 COLLEGE PRKY		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	D'ALESSANRO, FRANK R.		2.2 NAME	Jan Kaplan, D.D.S.	
STREET ADDRESS	8801 COLLEGE PKWY SUITE 1		2.3 STREET ADDRESS	8801 College Parkway, Ste. 4	
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HILDERBRAND, MARK		3.2 NAME		
STREET ADDRESS	6300 SOUTH POINTE BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	President	☒ Change ☐ Addition
NAME	NASH, BRAD H.		4.2 NAME		
STREET ADDRESS	8801 COLLEGE PKWY SUITE 5		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MEISENHEIMER, ROBERT		5.2 NAME		
STREET ADDRESS	8941 COLLEGE PARKWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Secretary-Treasurer	☐ Change ☒ Addition
NAME			6.2 NAME	Terry Keith	
STREET ADDRESS			6.3 STREET ADDRESS	8931 Conference Dr.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Fort Myers, FL 33919	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE