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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25733** (9)

1. Corporation Name

**SOUTHPPOINT COMMERCIAL PARK CONDOMINIUM ASSOCIATI
ON, INC.**

Principal Place of Business	Mailing Address
12611 KENWOOD LANE SUITE 115 FT. MYERS FL 33907 US	12611 KENWOOD LANE SUITE 115 FT. MYERS FL 33907 US

3. Date Incorporated or Qualified

04/04/1988

4. FEI Number

59-2025182

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORTINER, JAMES S.
12611 KENWOOD LANE
SUITE 115
FT. MYERS FL 33907**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WITT, DAVID**
STREET ADDRESS **8945 COLLEGE PRKY**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **D** ☐ DELETE

NAME **KAPLAN, JAN DOS**
STREET ADDRESS **8801 COLLEGE PKWY, STE 4**
CITY-ST-ZIP **FORT MYERS FL**

TITLE **ST** ☐ DELETE

NAME **KEITH, TERRY**
STREET ADDRESS **8931 CONFERENCE DR.**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **P** ☐ DELETE

NAME **NASH, BRAD H.**
STREET ADDRESS **8801 COLLEGE PKWY SUITE 5**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **D** ☐ DELETE

NAME **MEISENHEIMER, ROBERT**
STREET ADDRESS **8941 COLLEGE PARKWAY**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

Terry Keith Terry Keith, Sec./Treas. 2/6/98 941-482-3040

CR2E037 (10/97)