2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # N25733 02-23-2005 90071 047 ****61.25 SOUTHPOINT COMMERCIAL PARK CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 50018054 12811 KENWOOD LANE 12811 KENWOOD LANE **SUITE 115** SUITE 115 FT. MYERS, FL 33907 FT. MYERS, FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2025182 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Ζip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FORTINER, JAMES S. D'Ette Fortiner Street Address (P.O. Box Number is Not Acceptable) 12811 KENWOOD LANE **SUITE 115** FT. MYERS, FL 33907 12811 Kenwood Lane. Zip Code 33907 Fort Myers 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. 1/14/05 DATE SIGNATURE 4 Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D ☐ Delete TITLE ☐ Change ☐ Addition TITLE WITT, DAVID NAME NAME 8945 COLLEGE PRKY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL CITY-ST-ZIP ☐ Change ☐ Addition Ð ☐ Delete TITLE TITLE KAPLAN, JAN DDS NAME NAME STREET ADDRESS 8801 COLLEGE PJKWY, STE 4 STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NASH, BRAD H. NAME NAME 8801 COLLEGE PKWY SUITE 5 STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HUETHER, JOHN NAME 12165 METRO PKWY #11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 33912 ☐ Change ☐ Addition TITLE ST ☐ Delete TITLE RICKERT, LAWRENCE NAME NAME 1240 SE 8TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z(P I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

Feb 23, 2005 8:00 am