2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State
03-03-2008 90201 041 ****61.25

DOCUMENT # N25733

1. Entity Name
SOUTHPOINT COMMERCIAL PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12811 KENWOOD LANE SUITE 115 FT. MYERS, FL 33907 US	12811 KENWOOD LANE SUITE 115 FT. MYERS, FL 33907 US

DO NOT WRITE IN THIS SPACE

01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2025182 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FORTINER, D'ETTE A
12811 KENWOOD LANE
SUITE 115
FT. MYERS, FL 33907

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WITT, DAVID
STREET ADDRESS	8945 COLLEGE PRKY
CITY-ST-ZIP	FT. MYERS, FL
TITLE	D
NAME	KAPLAN, JAN DDS
STREET ADDRESS	8801 COLLEGE PJKWY, STE 4
CITY-ST-ZIP	FORT MYERS, FL
TITLE	P
NAME	NASH, BRAD H.
STREET ADDRESS	8801 COLLEGE PKWY SUITE 5
CITY-ST-ZIP	FT. MYERS, FL
TITLE	D
NAME	HUETHER, JOHN
STREET ADDRESS	12165 METRO PKWY #11
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	ST
NAME	RICKERT, LAWRENCE
STREET ADDRESS	1240 SE 8TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jan Kaplan DDS 2/26/08 2392757799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #