

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90158 043 ****61.25

DOCUMENT # N25733

1. Entity Name

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



Principal Place of Business

**12811 KENWOOD LANE
SUITE 115
FT. MYERS FL 33907
US**

Mailing Address

**12811 KENWOOD LANE
SUITE 115
FT. MYERS FL 33907
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**FORTINER, JAMES S.
12811 KENWOOD LANE
SUITE 115
FT. MYERS FL 33907**

Name

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

City

FL

Zip Code

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

James S Fortiner agent
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D WITT, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	8945 COLLEGE PRKY	
CITY-ST-ZIP	FT. MYERS FL	
TITLE NAME	D KAPLAN, JAN DDS	<input type="checkbox"/> Delete
STREET ADDRESS	8801 COLLEGE PJKWY, STE 4	
CITY-ST-ZIP	FORT MYERS FL	
TITLE NAME	ST STILWELL, SANDRA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1212 BRAMAN AVE.	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE NAME	P NASH, BRAD H.	<input type="checkbox"/> Delete
STREET ADDRESS	8801 COLLEGE PKWY SUITE 5	
CITY-ST-ZIP	FT. MYERS FL	
TITLE NAME	D HUETHER, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	12165 METRO PKWY #11	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	ST Lawrence Rickert	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1240 S.E. 8th Terrace	
CITY-ST-ZIP	Cape Coral, FL 33990	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Brad Nash* **BRAD NASH, President**

March 10, 2003 48#5521

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CR2E037 (10/02)