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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37243

1. Corporation Name

THE ISLAND AT SOUTHPOINTE HOMEOWNERS ASSOCIATION , INC.

570132 - 90003 - 36

Principal Place of Business	Mailing Address
1777 GULFSTAR DRIVE SOUTH NAPLES FL 34112 US	1044 CASTELLO DR SUITE 206 NAPLES FL 34103 US

2. Principal Place of Business 21	2a. Mailing Address 26 PO 267 N. Collier Blvd	3. Date Incorporated or Qualified 03/26/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 201	4. FEI Number 65-0186261 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Marco Island FL	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip / Country 24 25	Zip / Country 29 34145 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SOUTHWEST PROP MGMT
1044 CASTELLO DR
SUITE 206
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name: Patas Property Management
82 Street Address (P.O. Box Number is Not Acceptable): 267 N. Collier Blvd. Ste 201
83
84 City: Marco Island FL 85 Zip Code: 34145

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: Denise A Patas 6/4/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GRIMM, THOMAS W 4343 YACHT HARBOR DR NAPLES FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Pres D James Berrett 1480 gulfstar Dr. S. Naples FL 34112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HANSON, SUSAN 41 SOUTH HIGH STREET COLUMBUS OH 43287	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP D Gilbert Moyle 1515 gulfstar Dr. S. Naples, FL 34112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MAGNELLI, DONNA 4343 YACHT HARBOR DRIVE NAPLES FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secty D Nancy Ward 1360 gulfstar Dr. S. Naples, FL 34112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: James Berrett REQUESTED James Berrett 4/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #