

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37243

FILED
Apr 29, 2005
Secretary of State

Entity Name: THE ISLAND AT SOUTHPOINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4306 ARNOLD AVE
NAPLES, FL 34104 US

New Principal Place of Business:

1480 GULFSTAR DRIVE SO.
NAPLES, FL 34112 US

Current Mailing Address:

P.O. BOX 110339
NAPLES, FL 34108 US

New Mailing Address:

P.O. BOX 262
MARCO ISLAND, FL 34146 US

FEI Number: 65-0186261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUETER, BEVERLY
C/O SUNBURST MGMT CORP
4306 ARNOLD AVE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

PATAS, TOM
C/O PPM LLC
267 N. COLLIER BLVD. STE# 201
MARCO ISLAND, FL 34145 US

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.

SIGNATURE: TOM PATAS

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LAGRIPPER, JAMES
Address: 1450 GULFSTAR DR S
City-St-Zip: NAPLES, FL

Title: DVP () Delete
Name: EICHMANN, CHARLES
Address: 1420 GULFSTAR DR S
City-St-Zip: NAPLES, FL

Title: DST () Delete
Name: RICHTER, DANA
Address: 1617 GULFSTAR DR S
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES LAGRIPPER

DP

04/29/2005

Electronic Signature of Signing Officer or Director

Date