
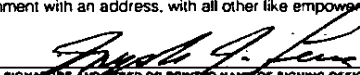


**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90031 036 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N44246</b>		
1. Entity Name SOUTHPOINTE PROPERTY OWNERS' ASSOCIATION, INC.		
Principal Place of Business 1000 S PINE ISLAND RD #240 PLANTATION, FL 33324 US	Mailing Address 1000 S PINE ISLAND RD #240 PLANTATION, FL 33324 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
		04172008 No Chg-NP CR2E037 (4/06)
4. FEI Number 59-3184874		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
LEONE, JAY 1000 S PINE ISLAND RD #240 PLANTATION, FL 33324		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEONE, JAY 1000 S. PINE ISLAND RD. STE 240 PLANTATION, FL 33324	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARDNER, PETER 7901 SW 6TH COURT PLANTATION, FL 33324	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RIVERA, CATHERINE 8100 SW 10TH STREET STE 2900 PLANTATION, FL 33324	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIVERA, CATHERINE 8100 SW 10TH STREET STE 2900 PLANTATION, FL 33324	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECT/TREASURER DEBRA REBACK 16506 POINTE VILLAGE DR, #201 LUTZ, FL 33558	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		4/21/08 (954) 452-9100
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>