

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44246

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** SOUTHPOINTE PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1000 S PINE ISLAND RD  
#240  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

1000 S PINE ISLAND RD  
#240  
PLANTATION, FL 33324 US

**New Mailing Address:**

**FEI Number:** 59-3184874      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEONE, JAY  
1000 S PINE ISLAND RD  
#240  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEONE, JAY  
Address: 1000 S. PINE ISLAND RD. STE 240  
City-St-Zip: PLANTATION, FL 33324

Title: D  
Name: GARDNER, PETER  
Address: 7901 SW 6TH COURT  
City-St-Zip: PLANTATION, FL 33324

Title: VD  
Name: RIVERA, CATHERINE  
Address: 8100 SW 10TH STREET STE 2900  
City-St-Zip: PLANTATION, FL 33324

Title: D  
Name: RIVERA, CATHERINE  
Address: 8100 SW 10TH STREET STE 2900  
City-St-Zip: PLANTATION, FL 33324

Title: S/T  
Name: REBACK, DEBRA  
Address: 16506 POINTE VILLAGE DRIVE #201  
City-St-Zip: LUTZ, FL 33558

I hereby 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 all other like empowered.

SIGNATURE: JAY LEONE

PD

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date