

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000004130 (0)  
1. Corporation Name  
SOUTHPOINTE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business: 109 OVERLEA WAY VENICE FL 34292  
Mailing Address: 109 OVERLEA WAY VENICE FL 34292

3. Date Incorporated or Qualified: 08/18/1994  
4. FEI Number: 59-3336558  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
PRICE, R. SCOTT  
KELLY, PRICE, PASSIDOMO & SIKET  
284 GOLDEN GATE PARKWAY, SUITE 315  
NAPLES FL 34105-3203

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PDS	<input checked="" type="checkbox"/> DELETE
NAME	HANSON, SUSAN	
STREET ADDRESS	41 S. HIGH ST	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGIFFIN, JOHN W	
STREET ADDRESS	109 OVERLEA WAY	
CITY-ST-ZIP	VENICE FL	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	WICKSTRAND, R.R.	
STREET ADDRESS	4343 YACHT HARBOR DR.	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	ADD P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/N/P/A/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BARBARA J. THOMAS	
4.3 STREET ADDRESS	109 OVERLEA WAY	
4.4 CITY-ST-ZIP	VENICE, FL 34292	
5.1 TITLE	V/D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FRED. C. Chamberlain	
5.3 STREET ADDRESS	109 OVERLEA WAY	
5.4 CITY-ST-ZIP	VENICE, FL 34292	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: Thomas P/S/D 4/18/98 941-497-4786

CR2E037 (10/97)