

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 20, 2009
Secretary of State**

DOCUMENT# N94000004130

Entity Name: SOUTHPOINTE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER RD. #4
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER RD. #4
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-3336558 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM A
5435 JAEGER ROAD #4
NAPLES, FL 34109 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 () Delete
Name: DRACKETT, WILLIAM
Address: 5065 YACHT HARBOUR CIRCLE #703
City-St-Zip: NAPLES, FL 34112

Title: VD () Delete
Name: FISKARS, ERIK
Address: 1701 GULFSTAR DRIVE S #103
City-St-Zip: NAPLES, FL 34112

Title: STD () Delete
Name: LUKSHA, LINDA
Address: 1717 GULFSTAR DRIVE S #201
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: GAUNTT, RANDY
Address: 3276 LOOKOUT LANE
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: HORTON, JOHN
Address: 1717 GULFSTAR DRIVE SOUTH #202
City-St-Zip: NAPLES, FL 34112

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 exemption stated 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 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: WILLIAM DRACKETT

PD

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date