

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005213

FILED  
Mar 18, 2009  
Secretary of State

**Entity Name:** SOUTH POINTE MASTER OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

6110-B NW 1ST PLACE  
GAINESVILLE, FL 32067

**New Principal Place of Business:**

**Current Mailing Address:**

ACTION REAL ESTATE SERVICES  
6110-B NW 1ST PL  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 59-3509282

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAUSAMAN, JEFF  
C/O ACTION REAL ESTATE SERVICES  
6110-B NW 1ST PLACE  
GAINESVILLE, FL 32607 US

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

ACTION REAL ESTATE SERVICES  
6110-B NW 1ST PL  
GAINESVILLE, FL 32607 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: D JEFFREY SAUSAMAN

03/18/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ROSS, SCOT  
Address: 5538-A NW 43 ST  
City-St-Zip: GAINESVILLE, FL 32653

Title: DSTV ( ) Delete  
Name: ANDERSON, MCCOY L  
Address: 5538-A NW 43 ST  
City-St-Zip: GAINESVILLE, FL 32653

Title: D ( ) Delete  
Name: ROSS, LARRY  
Address: 5538-A NW 43RD ST  
City-St-Zip: GAINESVILLE, FL 32653

**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 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: SCOT ROSS

P

03/18/2009

Electronic Signature of Signing Officer or Director

Date