

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006209

FILED
Apr 24, 2009
Secretary of State

Entity Name: SOUTHPOINTE AT WINDSTAR MARINA ASSOCIATION, INC.

Current Principal Place of Business:

1777 GULF STAR BLVD
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2072
MARCO ISLAND, FL 34146 US

New Mailing Address:

FEI Number: 65-0574806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, DENISE
870 BALD EAGLE DR
#B-2
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

BENNETT, DENISE
960 N. COLLIER BLVD.
#204
MARCO ISLAND, FL 34145 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:

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FIELDSEA, WAYNE
Address: 4978 BALLARD CT
City-St-Zip: NAPLES, FL 34112

Title: S () Delete
Name: MCCARTHY, EDWARD
Address: 1765 GULFSTAR DR S 502
City-St-Zip: NAPLES, FL 34112

Title: T () Delete
Name: DALE, GAIL
Address: 4970 BOLLARD CT
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: FINK, DIANE
Address: 4990 CHRISTINA CT
City-St-Zip: NAPLES, FL 34112

Title: OM () Delete
Name: KICKLIGHTER, CLOISE
Address: 6961 BOTTLEBRUSH LN
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FIELDSEA, WAYNE
Address: 4978 BOLLARD CT
City-St-Zip: NAPLES, FL 34112

Title: T (X) Change () Addition
Name: MCCARTHY, EDWARD
Address: 1765 GULFSTAR DR S 502
City-St-Zip: NAPLES, FL 34112

Title: VP (X) Change () Addition
Name: DALE, GAIL
Address: 4970 BOLLARD CT
City-St-Zip: NAPLES, FL 34112

Title: OM (X) Change () Addition
Name: MILLER, ALLEN
Address: 5015 MARINA COVE DRIVE #103
City-St-Zip: NAPLES, FL 34112

Title: S (X) Change () Addition
Name: GRISHAM, RICHARD
Address: 1733 GULFSTAR DRIVE S.
City-St-Zip: NAPLES, FL 34112

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: WAYNE FIELDSEA

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date