


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State

06-10-2008 90002 038 ****61.25

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|--|--|---|---|--|--|
| DOCUMENT # N99000003974 1. Entity Name SOUTH POINT HOMEOWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 2180 WEST STATE ROAD 434 SUITE 5000 LONGWOOD, FL 32779 | | | Mailing Address 2180 WEST STATE ROAD 434 SUITE 5000 LONGWOOD, FL 32779 | | |
| 2. Principal Place of Business - No P.O. Box # 25 E SILVER SPRINGS BLVD | | 3. Mailing Address 25 E. Silver Springs Blvd. | | | |
| Suite, Apt. #, etc. BLVD | | Suite, Apt. #, etc. Blvd. | | | |
| City & State Ocala, Florida | | City & State Ocala, Florida | | 4. FEI Number 59-3592259 | |
| Zip 34470 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| Name Street Address (P.O. Box Number is Not Acceptable) 25 E. Silver Springs Blvd City Ocala FL Zip Code 34470 | | | Name Bosshardt Property Mgmt, Inc Street Address (P.O. Box Number is Not Acceptable) 25 E. Silver Springs Blvd City Ocala FL Zip Code 34470 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u>Murray H. Griffin</u> <u>BARRY H. GRIFFIN</u> <u>4-30-08</u> <small>Signature, typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WOLLENSCHLAEGER, DAVID 3303 SE 17TH CT OCALA, FL 34470 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BUEHRER, TERRI 1709 SE 34TH LANE OCALA, FL 34471 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARPER, WAYNE 1800 SE 17TH ST. #602 OCALA, FL 34471 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD O'CONNELL, TRUDY 1711 SE 35TH LANE OCALA, FL 34471 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FAKHOURY, RIADH P.O. BOX 4428 OCALA, FL 34478 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUMMADI BARATHI 1707 SE 35 LANE OCALA, FL 34470 | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>[Signature]</u> <u>6-5-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |