

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S51350

1. Entity Name
SOUTHPOINT HOMES, INC.



Principal Place of Business
**131 PARK LAKE STREET
ORLANDO, FL 32803**

Mailing Address
**131 PARK LAKE STREET
ORLANDO, FL 32803**

FILED
Mar 13, 2006 08:00 AM
Secretary of State



03032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3078801

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAHILL, STEPHEN
131 PARK LAKE STREET
ORLANDO, FL 32803**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

UN0000463925
03/21/06-80093-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	CAHILL, STEPHEN C
STREET ADDRESS	2667 LAKE SHORE DR
CITY-ST-ZIP	ORLANDO, FL 32803

TITLE	V
NAME	ANDERSON, WYATT K
STREET ADDRESS	1525 HEMPEL AVE
CITY-ST-ZIP	WINDERMERE, FL 34786

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #