

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05733

FILED
Feb 14, 2018
Secretary of State
CC7777281309

Entity Name: THE SOUTHPOINTE ASSOCIATION, INC.

Current Principal Place of Business:

5303 ORTEGA BLVD
UNIT 100
JACKSONVILLE, FL 32210

Current Mailing Address:

5303 ORTEGA BLVD
UNIT 100
JACKSONVILLE, FL 32210 US

FEI Number: 59-2458071

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STALLINGS, GEORGE BJR
5303 ORTEGA BLVD.
UNIT 104
JACKSONVILLE, FL 32210 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: GEORGE B STALLINGS

02/14/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FREEMAN, PAMELA
Address 5303 ORTEGA BLVD,
 102
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name CULPEPPER, SUE
Address 5303 ORTEGA BLVD
 206
City-State-Zip: JACKSONVILLE FL 32210

Title TREASURER
Name HOWELL, MARSHALL JR
Address 5303 ORTEGA BLVD
 105
City-State-Zip: JACKSONVILLE FL 32210

Title SECRETARY
Name MABRY, KATHERINE
Address 5303 ORTEGA BLVD
 207
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name O'HORA, JAMES R
Address 5303 ORTEGA BLVD.
 106
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name FRALEIGH, MARGO
Address 5303 ORETGA BLVD.
 101
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name STALLINGS, GEORGE
Address 5303 ORTEGA BLVD
 104
City-State-Zip: JACKSONVILLE FL 32210

I hereby 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 all other like empowered.

SIGNATURE: MARSHALL HOWELL

TREASURER

02/14/2018

Electronic Signature of Signing Officer/Director Detail

Date