

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05733

FILED
Jan 04, 2016
Secretary of State
CC1975500911

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

01/04/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name CULPEPPER, SUE
Address 2303 ORTEGA BLVD. UNIT 206
City-State-Zip: JACKSONVILLE FL 32210

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

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

Title DIRECTOR
Name STALLINGS, MARTHA
Address 5303 ORTEGA BLVD.
 101
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name CROZIER, EVELINE
Address 5303 ORETGA BLVD.
 205
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

01/04/2016

Electronic Signature of Signing Officer/Director Detail

Date