2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05733

Entity Name: THE SOUTHPOINTE ASSOCIATION, INC.

Current Principal Place of Business:

5303 ORTEGA BLVD UNIT 102 JACKSONVILLE, FL 32210

Current Mailing Address:

5303 ORTEGA BLVD UNIT 102 JACKSONVILLE, FL 32210 US

FEI Number: 59-2458071

Name and Address of Current Registered Agent:

FREEMAN, PAMELA R 5303 ORTEGA BLVD. UNIT 102 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	PAMELA R. FREEMAN			02/21/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	DIRECTOR	
Name	FREEMAN, PAMELA	Name	CULPEPPER, SUE	
Address	5303 ORTEGA BLVD, 102	Address	5303 ORTEGA BLVD 206	
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210	
Title	TREASURER	Title	SECRETARY	
Name	HOWELL, MARSHALL JR	Name	MABRY, KATHERINE	
Address	5303 ORTEGA BLVD 105	Address	5303 ORTEGA BLVD 207	
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210	
Title	DIRECTOR			
Name	O'HORA, JAMES R			
Address	5303 ORTEGA BLVD. 106			
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.

SECRETARY

SIGNATURE: KATHERINE B. MABRY

Electronic Signature of Signing Officer/Director Detail

FILED Feb 21, 2019 Secretary of State 6450482082CC

Certificate of Status Desired: Yes

02/21/2019 Date