

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90073 045 \*\*\*\*61.25

DOCUMENT # 765051 OK

1. Corporation Name

Northpointe Homeowner Association at the California Club

Principal Place of Business

Mailing Address

Northpointe HOA  
c/o ANH Management Co.  
310 McKinley Street  
Hollywood, Fl. 33019



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

10/19/82

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2231481

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75. Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election: Campaign Financing

\$5.00. May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Susan Bakalar  
2240 NW 70th Avenue  
Davie, Fl. 33317

81 Name

STEVEN M. DAVIS, ESQ.

82

Street Address (P.O. Box Number is Not Acceptable)

5201 Blue Lagoon Drive, Suite 100

83

Miami, Florida 33126

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE STEVEN M. DAVIS

04/13/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Secretary ☐ DELETE  
NAME Betty Seamonson  
STREET ADDRESS 535 NE 210 Terrace  
CITY-ST-ZIP Miami, Fl. 33179

1.1 TITLE President ☐ Change ☐ Addition  
1.2 NAME Martha Valderde  
1.3 STREET ADDRESS 453 NE 210 Terrace  
1.4 CITY-ST-ZIP Miami, Fl. 33179

TITLE Director ☐ DELETE  
NAME Doug Corwin  
STREET ADDRESS 21039 NE 5th Court  
CITY-ST-ZIP Miami, Fl. 33179

2.1 TITLE Treasurer ☐ Change ☐ Addition  
2.2 NAME Leo Paracio  
2.3 STREET ADDRESS 21132 NE 5th Place  
2.4 CITY-ST-ZIP Miami, Fl. 33179

TITLE Director ☐ DELETE  
NAME Mario Paezi  
STREET ADDRESS 21138 NE 5th Place  
CITY-ST-ZIP Miami, Fl. 33179

3.1 TITLE Director ☐ Change ☐ Addition  
3.2 NAME Carole Duverneau  
3.3 STREET ADDRESS 531 NE 210 Terrace  
3.4 CITY-ST-ZIP Miami, Fl. 33179

TITLE Director ☐ DELETE  
NAME Peter Pantages  
STREET ADDRESS 21127 NE 4th Court  
CITY-ST-ZIP Miami, Fl. 33179

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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

4/13/99

Date

Daytime Phone #

CR2E037 (11/98)