



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90111 009 \*\*\*\*61.25

<b>DOCUMENT # 765051</b> 1. Entity Name NORTHPOINTE HOMEOWNERS ASSOCIATION AT THE CALIFORNIA CLUB, INC.					
Principal Place of Business 14505 COMMERCE WAY SUITE 525 MIAMI LAKES, FL 33016			Mailing Address 14505 COMMERCE WAY SUITE 525 MIAMI LAKES, FL 33016		
2. Principal Place of Business <i>14411 Commerce Way</i> Suite, Apt. #, etc. <i>Suite 240</i> City & State <i>Miami Lakes, FL</i> Zip <i>33016</i>		3. Mailing Address <i>14411 Commerce Way</i> Suite, Apt. #, etc. <i>Suite 240</i> City & State <i>Miami Lakes, FL</i> Zip <i>33016</i>		14017567 	
03032005 Chg-NP CR2E037 (10/03)				4. FEI Number 59-2231481.	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  ZARATE JORGE, C.A.M. COSMOS MANAGEMENT SERVICES, INC. 14505 COMMERCE WAY., STE. 525 MIAMI LAKES, FL 33016			7. Name and Address of New Registered Agent Name <i>Zarate Jorge, C.A.M</i> Street Address (P.O. Box Number is Not Acceptable) <i>14411 Commerce Way</i> <i>Suite 240</i> City <i>Miami Lakes, FL</i> Zip Code <i>33016</i>		
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 <i>Jorge Zarate, C.A.M.</i> DATE <i>3/2/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAEZI, MARIO 21138 N E 5TH PLACE N. MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Klepper, Andrew 516 N.E. 211th Terrace N. Miami Beach, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEAMONSON, BETTY 535 NE 210 TERRACE N. MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, KAREN 21169 N.E. 5TH COURT N. MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUVERNAU, CAROLE 531 NE 210 TERRACE N MIAMI BCH, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAVEZ, MANUEL 21118 NE 5 PL N MIAMI BCH, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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 617, 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: <i>Manuel Chavez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/2/05 305-824-4672 <small>Date Daytime Phone #</small>		