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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **766814** **(8)**

1. Corporation Name

NORTH POINTE OF FERNANDINA BEACH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
925 TARPON AVENUE "OFFICE" FERNANDINA BEACH FL 32034 US	BO BOX 6243 "OFFICE" FERNANDINA BEACH FL 32035-6243 US

3. Date Incorporated or Qualified: 02/02/1983
3a. Date of Last Report: 07/11/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26 P.O. Box 6243
Suite, Apt. #, etc.
27
City & State
28 Fernandina Beach, FL
Zip / Country
29 32035-6243 30 US

4. FEI Number: 59-2576489 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DRAWDY, DEBRA J.
2402 LOS ROBLES DRIVE
#8
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PETTINGILL, MICHAEL R.		1.2 NAME		
STREET ADDRESS	925 TARPON AVE #26		1.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PEACOCK, GWEN H.		2.2 NAME		
STREET ADDRESS	925 TARPON AVE #9		2.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, DOROTHY A.		3.2 NAME		
STREET ADDRESS	925 TARPON AVE #8		3.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH F		3.4 CITY-ST-ZIP		
TITLE	RA	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, NANCY		4.2 NAME		
STREET ADDRESS	925 TARPON AVE #8		4.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	TREAS/DIRECTOR	☐ Change ☒ Addition
NAME			5.2 NAME	LINDA C. SPENCER	
STREET ADDRESS			5.3 STREET ADDRESS	925 TARPON RD #16	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: [signature] Linda C. Spencer 4/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #