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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

**P.O. BOX 6243
FERNANDINA BEACH FL 32035-6243
US**

3. Date Incorporated or Qualified

02/02/1983

4. FEI Number

59-2576489

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **Michael R. Pettingill**

82 Street Address (P.O. Box Number is Not Acceptable)
2570 B 1ST AVE S.

83 **FERNANDINA BEACH**

84 City **FL** **85** Zip Code **32034**

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 **Michael R. Pettingill**

Michael R. Pettingill

4-16-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD ☐ DELETE
NAME	PETTINGILL, MICHAEL R.
STREET ADDRESS	925 TARPON AVE #28
CITY - ST - ZIP	FERNANDINA BEACH FL
TITLE	VPD ☐ DELETE
NAME	PEACOCK, GWEN H.
STREET ADDRESS	925 TARPON AVE #9
CITY - ST - ZIP	FERNANDINA BEACH FL
TITLE	SD ☒ DELETE
NAME	EVANS, DOROTHY A.
STREET ADDRESS	925 TARPON AVE #8
CITY - ST - ZIP	FERNANDINA BEACH FL
TITLE	TD ☒ DELETE
NAME	SPENCER, LINDA C
STREET ADDRESS	925 TARPON RD., #16
CITY - ST - ZIP	FERNANDINA BEACH FL
TITLE	SD ☐ DELETE
NAME	MARTHA R. LEE
STREET ADDRESS	925 TARPON AVE #20
CITY - ST - ZIP	FERNANDINA BEACH FL 32034
TITLE	VPD ☐ DELETE
NAME	THOMAS G. TRUEMLING
STREET ADDRESS	925 TARPON AVE #30
CITY - ST - ZIP	FERNANDINA BEACH FL 32034

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	2570 B 1ST AVE S.
1.4 CITY - ST - ZIP	FERNANDINA BEACH, FL 32034
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	TD
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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.

SIGNATURE **Michael R. Pettingill**

President
Michael R. Pettingill

4-16-98 (904) 277-4821

CR2E037 (10/97)