

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90050 004 ****61.25

DOCUMENT # N 00000000 641

1. Entity Name
CARDINAL Pointe Homeowners Association, Inc.

Principal Place of Business Mailing Address
P.O. Box 950486 P.O. Box 950486
LAKE MARY, FL 32795 LAKE MARY, FL 32795

2. Principal Place of Business 3. Mailing Address
165 W SR 434 P.O. Box 950455
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Winter Springs FL LAKE MARY FL

Zip Zip Country Country
32708 32795

4. FEI Number Applied For
59-3658145 Not Applicable

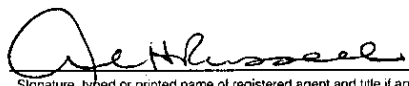
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Wright, Kenneth W
20 N. ORANGE Ave., Ste 1000
ORLANDO, FL 32801

7. Name and Address of New Registered Agent
 Name
EPM Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
165 W SR 434
 City State Zip Code
Winter Springs FL 32708

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.

SIGNATURE  **Anne H Russell** President **EPM Services, Inc** **3/12/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	DALE, LARRY	
STREET ADDRESS	P.O. Box 950486	
CITY-ST-ZIP	LAKE MARY, FL 32795	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	Good, Mike	
STREET ADDRESS	P.O. Box 950486	
CITY-ST-ZIP	LAKE MARY FL 32795	
TITLE	S/T/D	<input type="checkbox"/> Delete
NAME	RIVERS, NOY	
STREET ADDRESS	P.O. Box 950486	
CITY-ST-ZIP	LAKE MARY FL 32795	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE, LARRY	
STREET ADDRESS	165 W SR 434	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Good, Mike	
STREET ADDRESS	165 W SR 434	
CITY-ST-ZIP	Winter Springs	
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERS, Noy	
STREET ADDRESS	165 W SR 434	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  Date Daytime Phone #

SIGNATURE (IF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E037 (1/1700)