
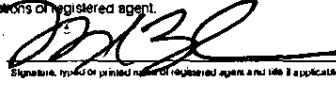
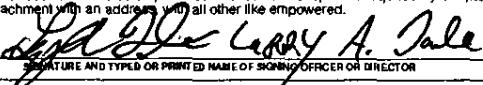


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90178 034 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

| | | | | |
|---|--------------------------|--|---|---|
| DOCUMENT # N0000000641 | | | |  |
| 1. Entity Name CARDINAL POINTE HOMEOWNERS ASSOCIATION, INC. | | | | |
| Principal Place of Business 165 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708 | | Mailing Address P.O. BOX 915322 LONGWOOD, FL 32791-5322 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3658145 Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> CHECK HERE IF MAKING CHANGES | | |
| 6. Name and Address of Current Registered Agent NATIONAL ASSOCIATION MANAGEMENT CO. 165 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708 | | | | 7. Name and Address of New Registered Agent |
| | | | | Name |
| | | | | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | City |
| | | | | FL |
| | | | | Zip Code |
| 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  | | Marc A. Blum-Pues. | | 4/17/03 |
| | | <small>(NOTE: Registered Agent's signature required when existing)</small> | | <small>DATE</small> |
| FILE NOW FEE IS \$61.25 | | 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 | DP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DALE, LARRY | | NAME | |
| STREET ADDRESS | 165 WEST STATE ROAD 434 | | STREET ADDRESS | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | | CITY-ST-ZIP | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOOD, MIKE | | NAME | |
| STREET ADDRESS | 165 WEST STATE ROAD 434 | | STREET ADDRESS | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | | CITY-ST-ZIP | |
| TITLE | DST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIVERS, NOY | | NAME | |
| STREET ADDRESS | 165 WEST STATE ROAD 434 | | STREET ADDRESS | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | 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:  | | Larry A. Dale | | 4/17/03 |
| | | <small>(NOTE: Signature and typed or printed name of signing officer or director)</small> | | <small>DATE</small> |
| | | | | <small>Daytime Phone #</small> |

11009967



CR20037 (10/02)