


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**


05-03-2005 90077 018 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N04000006078</b><br>1. Entity Name<br><b>POINTE NORTH HOMEOWNERS' ASSOCIATION, INC.</b> |  |
|---|---|

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|---|---|
| Principal Place of Business<br><b>1690 RAYMOND DIEHL RD STE C6<br/>TALLAHASSEE FL 32308</b> | Mailing Address<br><b>1690 RAYMOND DIEHL RD STE C6<br/>TALLAHASSEE FL 32308</b> |
|---|---|

|  |   |
|--|---|
| 2. Principal Place of Business<br><b>2573 Barrington Cir.</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>40 Carol Trescott</b><br>Suite, Apt. #, etc.<br><b>1700 N. Monroe, Ste 211-288</b> |
|--|---|

|                                       |                                       |                     |                        |
|---------------------------------------|---------------------------------------|---------------------|------------------------|
| City & State<br><b>Tallahassee FL</b> | City & State<br><b>Tallahassee FL</b> | Zip<br><b>32308</b> | Country<br><b>LEON</b> |
|---------------------------------------|---------------------------------------|---------------------|------------------------|

  
 1st MOORE      CR2E037 (10/04)

|   |  |
|---|--|
| 4. FEI Number<br><b>Applied FOR</b>                       | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required  |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br><b>RUSSELL, DIXIE L<br/>1690 RAYMOND DIEHL RD STE C6<br/>TALLAHASSEE FL 32308</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> 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 *Dixie L. Russell*      DATE 4-28-04

(NOTE: Registered Agent signature required when reinstating)

|  |  |  |
|--|--|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees<br><br><b>Make Check Payable to Florida Department of State</b> |
|--|--|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP</b><br><b>RUSSELL, DIXIE L</b><br><b>1690 RAYMOND DIEHL RD STE C6</b><br><b>TALLAHASSEE FL 32308</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DST</b><br><b>MILLER, PAMELA A</b><br><b>4134 FORSYTHE WAY</b><br><b>TALLAHASSEE FL 32309</b>           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DV</b><br><b>PERKINS, THOMAS J</b><br><b>2009 MAHAN DR</b><br><b>TALLAHASSEE FL 32308</b>               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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)(f), 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: *Dixie L. Russell*      DATE: 4-4-05      850-386-4646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #