

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # N04000006078

1. Entity Name  
POINTE NORTH HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business  
2573 BARRINGTON CIR  
TALLAHASSEE, FL 32308

Mailing Address  
C/O CAROL TRSCOTT  
1700 N MONROE, STE 11-288  
TALLAHASSEE, FL 32303



04092007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
20-2957872

Applied For  
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**

RUSSELL, DIXIE L  
2573 BARRINGTON CIR  
TALLAHASSEE, FL 32308

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
RUSSELL, DIXIE L  
2573 BARRINGTON CIR  
TALLAHASSEE, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
MILLER, PAMELA A  
4134 FORSYTHE WAY  
TALLAHASSEE, FL 32309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
PERKINS, THOMAS J  
2009 MAHAN DR  
TALLAHASSEE, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U000000703846  
04/24/07-80131-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dixie L Russell* 4-13-07

Date

850-385-4646  
Daytime Phone #