2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N07000004332

Entity Name: NORTHPOINTE VILLAS HOMEOWNERS' ASSOCIATION OF OCALA, FLORIDA, INC.

Current Principal Place of Business:

125 NE 1 AVENUE, SUITE 1
OCALA, FL 34470

New Principal Place of Business:

2550 N.E. 36TH AVENUE,
SUITE F
OCALA, FL 34470

Current Mailing Address:

125 NE 1 AVENUE, SUITE 1
OCALA, FL 34470

New Mailing Address:

2550 N.E. 36TH AVENUE,
SUITE F
OCALA, FL 34470

FEI Number: 26-1900394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FINN, MICHAEL A
2550 NE 36TH AVENUE, SUITE F
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FINN, MICHAEL A
Address: 2550 NE 36TH AVENUE, SUITE F
City-St-Zip: OCALA, FL 34471

Title: DVPT ( ) Delete
Name: FINN, DIANE C
Address: 2550 NE 36TH AVENUE, SUITE F
City-St-Zip: OCALA, FL 34471

Title: DS ( ) Delete
Name: BOWEN, MARSHA N
Address: 2550 NE 36TH AVENUE, SUITE F
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA BOWEN DS 04/06/2009

Electronic Signature of Signing Officer or Director — Date