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

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90050 030 ****61.25

DOCUMENT # N12473

1. Entity Name

Country Point Homeowners Assoc Inc

DO NOT WRITE IN THIS SPACE

V44166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Community Assoc Svc	Community Assoc. Svc Inc.
Suite, Apt. #, etc. 951 Broken Sound Pky #250	Suite, Apt. #, etc. 951 Broken Sound Pky #250
City & State Boca Raton FL	City & State Boca Raton Fl
Zip 33487 Country	Zip 33487 Country

4. FEI Number 59-2614030 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Community Association Svcs. Inc.

Street Address (P.O. Box Number is Not Acceptable): 951 Broken Sound Parkway #250

City: Boca Raton FL Zip Code: 33487

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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 PD NAME STREET ADDRESS CITY-ST-ZIP	Carl Newhouse 6051 NW 68th Manor Parkland, FL 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	Jim Millener 6270 NW 58th Way Parkland, FL 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	Mark Cole 5941 NW 65th Court Parkland, FL 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	Gloria Lutz 5851 Holmberg Road Parkland, Fl 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Steven Ginsburg 5910 NW 60th Avenue Park Land, FL 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carl Newhouse President 561-994-1788