#### DOCUMENT # N9300001378

1. Entity Name

NORTH POINTE HOMEOWNERS ASSOCIATION OF LAKE WALE S, INC.

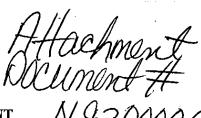
Principal Place of Business	Mailing Addre
999 9TH STREET	P O BOX 27

### **FILED** Apr 16, 2002 8:00 am Secretary of State 04-16-2002 90181 035 \*\*\*\*61.25

Principal Place	of Business	Mailing Address				
999 97H STREET LAKE WALES FL US		P O BOX 27 LAKE WALES FL 33859-0027 US				
				E 1881/10: 616 1996 I 1991 ABYLL BRILL		
2. Principal Pla	ce of Business	3. Mailing Address				
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59-3179567 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent		
- RIGNANESE, CYNTHIA C - DELLE SE 198 1ST STREET SO. WINTER HAVEN FL 33880			Street A	SERT C GALLOWAY JR., P.A.  Address (P.O. Box Number is Not Acceptable)  4 DE VONSHIRE WAY		
***************************************	72.11 12 00000		City	E WALES		
				FL 33853		
8. The above no	arneed entity submits this efactor fent for	the purpose of changing its re	gistered office o	r registered agent, or both, in the state of Florida.		
SIGNATURE			7	4-7-01		
	gnature, typed or printed name of registered agent at	nd title if applicable. (NOTE: 9	egistered Agent signat	ure required when reinstating) DATE		
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE D		Delete	TITLE PRES	DAVID HALL DYChange Addition		
	ENYON, RICHARD	<u> </u>	NAME	917 PRIMROSE WAY		
I .	34 CHELSEA WAY		STREET ADDRESS	LAKE WALES, EL 33853		
	AKE WALES FL		CITY-ST-ZIP			
	EHAUT, WARREN 08 DEVONSHIRE WAY	Delete	TITLE <b>SEQ</b> .  NAME  STREET ADDRESS	CATHERINE LAPEZYNSKI Change Addition 814 CHELSEA WAY LAKE WALES, FL 33853		
I .	AKE WALES FL 33853		CITY-ST-ZIP	CARE WACES, PE SOLUS		
TITLE D		<b>□</b> Delete	TITLE TREAS	SHARON PAETZOLD PChange Addition		
NAME C	ARMEAN, AL	<b>125</b> 501010	NAME	915 OX FORD WAY		
	21 DEVONSHIRE WAY	4 V =	STREET ADDRESS	LAKE WALES, FL 33853		
	AKE WALES FL 33853		CITY-ST-ZIP	·		
TITLE	APCZYNSKI, CATHY	Delete	TITLE D	WARREN NEALS D'Change Addition		
	14 DEVONSHIRE WAY		NAME	AU3 CHELSEA WAY		
	AKE WALES FL 33853		STREET ADDRESS CITY-ST-ZIP	LAKE WALES, EL 33853		
TITLE D		Delete	TITLE D	KAREN ABDALLA Change Addition		
	ALL, DAVID	ATI DERG	NAME	918 OXFORD WAY		
I	17 PRIMROSE WAY		STREET ADDRESS	,		
CITY-ST-ZIP	AKE WALES FL 33853		C!TY-ST-ZIP	LAKE WALES, FL 33853		
TITLE D		Delete	TITLE D	JUDY RUMER Thange Addition		
	ARDEE, KRISTI		NAME	915 OXFORD WAY		
	D7 OXFORD WY		STREET ADDRESS	LAME WALES, FL 33853		
CITY-ST-ZIP	AKE WALES FL 33853		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.

3-12-02 Date SIGNATURE: \_



#### **AUTHORITY TO REPRESENT**

The undersigned, on behalf of the corporation, does hereby engage the services of ALBERT C. GALLOWAY, JR., P.A., as its attorney, to represent NORTH POINTE HOMEOWNER'S ASSOCIATION OF LAKE WALES, INC., ("Association") regarding:

#### Homeowner's Association Matters

The Association understands that ALBERT C. GALLOWAY, JR., P.A. will bill it regularly as follows:

At an hourly rate of \$160.00 per hour;

In matters of litigation (other than collections or foreclosures) the hourly fee will be \$175.00, or as negotiated and accepted by the parties to this agreement;

and the Association agrees to pay all sums when due. All sums over thirty (30) days past due shall be subject to a finance charge of 1.5% per month.

The Association also agrees to pay all costs incurred by ALBERT C. GALLOWAY, JR., P.A. as a result of this representation, including out-of-pocket expenses such as sales taxes, filing fees, transcripts, process servers, witness fees, telegrams, long distance toll calls, postage, mileage, photocopying, appraisers, and accountants. The Association understands that the attorney maintains hourly billing records in tenths of an hour (six [6] minute increments) and that the minimum charge for any action, including telephone conferences, is two tenths (0.2) hours. The Association recognizes that the attorney reserves the right to terminate our attorney/client relationship for non-payment of fees or disbursements. Additionally, should it be necessary for the attorney to take action in collection of fees and expenses, the Association agrees to pay all costs of said collection, including a reasonable attorneys' fee. Venue for any collection action shall be Polk County, Florida.

Dated at Lake Wales, Florida, on September , 2001.

ALBERT C. GALLOWAY, JR., P.A.

NORTH POINTE HOMEOWNER'S ASSOCIATION OF LAKE WALES, INC.

Albert C. Galloway, Jr.

its President

SAND MIS MALL

N930001378 North Pointe

# 2002 Board Members

David Hall	676-0162
Warren Neals	676-8980
Kristi Hardee	676-2931
Cathy Lapczynski	<del>-676-0850</del>
Karen Abdalla	676-5787
Judy Rumer	676-9149

# Officers

Pre:	sident	David Hall	676-0162
Vice	e President	Warren Neals	676-8980
) Sec	retary	Cathy Lapczynski	676-0850
Tre	asurer	Sharon Paetzoid	676-9149

## Committees

Architect Rep	Karen Abdalla	676-5767
Landscape Rep	Alvira GalIart	676- <del>4</del> 033
	Warren Neals	676-8980
News Letter Staff	Roz Di <del>G</del> ioja	678-0397
	Kristi Hardee	676-2931
•	Richard Kenyon	676-8486