

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006078

**Entity Name:** POINTE NORTH HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2573 BARRINGTON CIR  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1700 N MONROE ST  
STE 11-288  
TALLAHASSEE, FL 32303

**FEI Number:** 20-2957872

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RUSSELL, DIXIE L  
2573 BARRINGTON CIR  
TALLAHASSEE, FL 32308 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HARPER, LARRY DR.  
Address        7414 BANNING WAY  
City-State-Zip: TALLAHASSEE FL 32309

Title            VP  
Name            HUBARD, EDUARDO DR.  
Address        1404 MD LN  
City-State-Zip: TALLAHASSEE FL 32308

Title            SECRETARY  
Name            ETTERS, MELANIE  
Address        3506 DUNKIRK DR  
City-State-Zip: TALLAHASSEE FL 32309

Title            TREASURER  
Name            STEVE, HOPPE  
Address        7451 BANNING WAY  
City-State-Zip: TALLAHASSEE FL 32309

Title            D  
Name            RUSSELL, DIXIE L  
Address        2573 BARRINGTON CIR  
City-State-Zip: TALLAHASSEE FL 32308

Title            DIRECTOR  
Name            HUBARD, EDUARDO DR.  
Address        1404 MD LN  
City-State-Zip: TALLAHASSEE FL 32308

*I hereby 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 all other like empowered.*

**SIGNATURE:** DIXIE L RUSSELL

**DIRECTOR**

**04/21/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date