2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400006078

Entity Name: POINTE NORTH HOMEOWNERS' ASSOCIATION, INC.

FILED Apr 30, 2024 **Secretary of State** 1445240250CC

Current Principal Place of Business:

1616 METROPOLITAN CIRCLE, SUITE C

TALLAHASSEE, FL 32308

Current Mailing Address:

POST OFFICE BOX 11143 TALLAHASSEE. FL 32302 US

FEI Number: 20-2957872 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT, INC. 1616 METROPOLITAN CIRCLE, SUITE C 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: JOANIE TROTMAN 04/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DST Title DVP

OGLESBY, DAVID B SR. HOPPE, STEVEN Name Name

POST OFFICE BOX 11143 POST OFFICE BOX 11143 Address Address City-State-Zip: TALLAHASSEE FL 32302 TALLAHASSEE FL 32302 City-State-Zip:

DP Title Title D

Name PILZ, DAN Name TOLOMEO, BRIAN M

Address POST OFFICE BOX 11143 Address POST OFFICE BOX 11143 TALLAHASSEE FL 32302 City-State-Zip: City-State-Zip: TALLAHASSEE FL 32302

Title REGISTERED AGENT Title D

Name FLORIDA ASSOCIATION & PROPERTY Name OGLESBY, BRUCE MANAGEMENT, INC.

POST OFFICE BOX 11143 Address Address POST OFFICE BOX 11143

City-State-Zip: TALLAHASSEE FL 32302 City-State-Zip: TALLAHASSEE FL 32302

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.

CAM

SIGNATURE: JOANIE TROTMAN Electronic Signature of Signing Officer/Director Detail