

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006078

Entity Name: POINTE NORTH HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**6159 LEIGH READ RD
TALLAHASSEE, FL 32309**Current Mailing Address:**6159 LEIGH READ RD
TALLAHASSEE, FL 32309 US**FEI Number:** 20-2957872**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OGLESBY, DAVID B SR.
6159 LEIGH READ RD
TALLAHASSEE, FL 32309 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:** DAVID B OGLESBY, SR.

04/04/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name OGLESBY, DAVID B SR.
Address 6159 LEIGH READ RD
City-State-Zip: TALLAHASSEE FL 32309

Title VP
Name FRAZIER, JOEL
Address 9170 RAVENA RD
City-State-Zip: TALLAHASSEE FL 32309

Title SECRETARY
Name TOLOMEO, BECKY
Address 7079 GRENVILLE RD
City-State-Zip: TALLAHASSEE FL 32309

Title TREASURER
Name TOLOMEO, BECKY A.
Address 7079 GRENVILLE RD
City-State-Zip: TALLAHASSEE FL 32309

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

Title DIRECTOR
Name TOLOMEO, BRIAN M
Address 7079 GRENVILLE RD
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name NIELSEN, DENNIS
Address 6253 LEIGH READ RD
City-State-Zip: TALLAHASSEE FL 32309

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: DAVID B. OGLESBY, SR.

PRESIDENT

04/04/2018

Electronic Signature of Signing Officer/Director Detail

Date