## **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004332

Entity Name: NORTHPOINTE VILLAS HOMEOWNERS' ASSOCIATION OF

OCALA, FLORIDA, INC.

FILED Feb 07, 2013 Secretary of State CC8939163640

## **Current Principal Place of Business:**

2550 N.E. 36TH AVENUE,

SUITE F

OCALA, FL 34470

# **Current Mailing Address:**

2550 N.E. 36TH AVENUE, SUITE F OCALA, FL 34470

FEI Number: 26-1900394 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FINN, MICHAEL A 2550 NE 36TH AVENUE, SUITE F OCALA, FL 34471 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 DP Title DVPT

Name FINN, MICHAEL A Name FINN, DIANE C

Address 2550 NE 36TH AVENUE, SUITE F Address 2550 NE 36TH AVENUE, SUITE F

City-State-Zip: OCALA FL 34471 City-State-Zip: OCALA FL 34471

Title DS

Name BOWEN, MARSHA N

Address 2550 NE 36TH AVENUE, SUITE F

City-State-Zip: OCALA FL 34471

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: MICHAEL A. FINN PRE

Electronic Signature of Signing Officer/Director Detail

PRESIDENT 02/07/2013

Date