FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # 737968 (8)

1. Corporation Name

NORTH POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 17045 P.O. BOX 17045 TAMPA FL 33682	P O BOX 17045 P.O. BOX 17045 TAMPA FL 33682

3. Date Incorporated or Qualified: 02/01/1977
3a. Date of Last Report: 03/09/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2368124 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DEES, KEN
513 CONSTITUTION
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE X Alice L. Herbst (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when not filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P President DEES, KEN 513 CONSTITUTION TAMPA, FL 00000	☐ DELETE PRESIDENT	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	T John Roger 14028 Capitol Dr TAMPA FL 33617	☐ Change ☒ Addition TRUSTEE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DRISCOLL, FAITH 808 PROCLAMATION TAMPA FL	☒ DELETE TREASURER	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	T Sec Janson, Elizabeth 14007 Dominion Ct Tampa FL 33613	☒ Change ☐ Addition TREASURER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HERBST, ALICE 14528 DIPLOMAT TAMPA FL	☐ DELETE TRUSTEE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	T Sylvia Reeves 801 Gateway Tampa FL	☐ Change ☒ Addition TRUSTEE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SP SECRETARY CROCE, PAT 508 CONSTITUTION TAMPA FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Joan Morris 13819 Capital TPA FL 33617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRUSTEE FRENCH, RICHARD 13804 SUPREME PL TAMPA FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	T Bill Bode 14302 Capitol TPA FL 33617	☐ Change ☒ Addition TRUSTEE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VICE PRESIDENT WISE, SHARON 513 CONSTITUTION TAMPA FL	☐ DELETE VICE PRESIDENT	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	T JIM YANNAZZI 508 Constitution TPA FL 33609	☐ Change ☒ Addition TRUSTEE

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Alice L. Herbst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #