


FILE NOW: FILING FEE IS \$61.25

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Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>P O BOX 17045 P.O. BOX 17045 TAMPA FL 33682</b>		Mailing Address <b>P O BOX 17045 P.O. BOX 17045 TAMPA FL 33682-7045</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26</b> Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
3. Date Incorporated or Qualified <b>02/01/1977</b>		3a. Date of Last Report <b>04/04/1996</b>	
4. FEI Number <b>59-2368124</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>DEES, KEN 511 CONSTITUTION TAMPA FL 33613</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>Dianne V. Clark</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>510 Constitution Dr.</b> <b>83</b> <b>Tampa, FL 33613</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1598, 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 *Dianne V. Clark* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<b>DEES, KEN</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT</b> "D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>DEES, KEN</b>		1.2 NAME <b>CLARK, DIANNE V.</b>	
STREET ADDRESS <b>513 CONSTITUTION</b>		1.3 STREET ADDRESS <b>510 CONSTITUTION DR.</b>	
CITY-ST-ZIP <b>TAMPA, FL 00000</b>		1.4 CITY-ST-ZIP <b>TAMPA, FL 33613</b>	
TITLE <b>T</b> <input type="checkbox"/> DELETE	<b>JANSON, ELIZABETH</b> <b>Treasurer</b> <b>D</b>	2.1 TITLE <b>VP VICE PRESIDENT</b> "D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>JANSON, ELIZABETH</b>		2.2 NAME <b>GALTO, JAMES</b>	
STREET ADDRESS <b>14007 DOMINION</b>		2.3 STREET ADDRESS <b>511 SOVERIGN CT.</b>	
CITY-ST-ZIP <b>TAMPA FL 33613</b>		2.4 CITY-ST-ZIP <b>TAMPA, FL 33613</b>	
TITLE <b>STRU</b> <input checked="" type="checkbox"/> DELETE	<b>HERBST, ALICE</b>	3.1 TITLE	
NAME <b>HERBST, ALICE</b>		3.2 NAME	
STREET ADDRESS <b>14528 DIPLOMAT</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>S</b> <input type="checkbox"/> DELETE	<b>SECRETARY "D"</b>	4.1 TITLE	
NAME <b>CROCE, PAT</b>		4.2 NAME	
STREET ADDRESS <b>508 CONSTITUTION</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>DTRU</b> <input type="checkbox"/> DELETE	<b>FRENCH, RICHARD</b>	5.1 TITLE	
NAME <b>FRENCH, RICHARD</b>		5.2 NAME	
STREET ADDRESS <b>13804 SUPREME PL</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>VP</b> <input checked="" type="checkbox"/> DELETE	<b>WISE, SHARON</b> <b>"D"</b>	6.1 TITLE	
NAME <b>WISE, SHARON</b>		6.2 NAME	
STREET ADDRESS <b>513 CONSTITUTION</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL</b>		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Elizabeth A. Jansen* FEBRUARY 20, 1997 (843) 961-6151

CR2E037 (9/96)