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**Mar 01, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 737968**

1. Corporation Name

**NORTH POINTE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

P.O. BOX 17045  
P.O. BOX 17045  
TAMPA FL 33682

Mailing Address

P.O. BOX 17045  
P.O. BOX 17045  
TAMPA FL 33682



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

02/01/1977

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

9. Name and Address of Current Registered Agent

CLARK, DIANNE V  
510 CONSTITUTION DR  
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 DIANNE V. Clark Pres. DIANNE V. Clark President 1/31/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME CLARK, DIANNE V  
STREET ADDRESS 510 CONSTITUTION DR  
CITY-ST-ZIP TAMPA FL

TITLE DT ☐ DELETE  
NAME JANSON, ELIZABETH  
STREET ADDRESS 14007 DOMINION  
CITY-ST-ZIP TAMPA FL

TITLE SD ☒ DELETE  
NAME SISCO, TERRY  
STREET ADDRESS 14506 DIPLOMAT DR  
CITY-ST-ZIP TAMPA FL

TITLE VP ☐ DELETE  
NAME FRENCH, RICHARD  
STREET ADDRESS 113804 SUPREME PL  
CITY-ST-ZIP TAMPA FL

TITLE DTR ☐ DELETE  
NAME SURASKY, MARY  
STREET ADDRESS 13906 CAPITOL DR  
CITY-ST-ZIP TAMPA FL

TITLE DTRV ☐ DELETE  
NAME CROCE, PAT  
STREET ADDRESS 508 CONSTITUTION DR.  
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME Jim Yanozzi, DTR  
2.3 STREET ADDRESS 508 Constitution DR  
2.4 CITY-ST-ZIP Tampa, Fla. 33613

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME Jill PRESLEY  
3.3 STREET ADDRESS 808 Constitution DR  
3.4 CITY-ST-ZIP Tampa, Fla. 33613

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Joan MORRIS  
4.3 STREET ADDRESS 13819 Capitol S DR.  
4.4 CITY-ST-ZIP Tampa, Fla. 33613

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME GREGG Roman  
5.3 STREET ADDRESS 513 Proclamation  
5.4 CITY-ST-ZIP Tampa, FLA. 33613

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME Oliver Lewis  
6.3 STREET ADDRESS 13808 CANDIDATE PL.  
6.4 CITY-ST-ZIP Tampa, Fla. 33613

14. I 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, with all other like empowered.

SIGNATURE: Elizabeth Surasky  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99 (813) 961-6151  
Date Daytime Phone #

CR2E037 (11/98)