

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737968

FILED  
Apr 11, 2005  
Secretary of State

**Entity Name:** NORTH POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2368124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ANDREWS, BOB  
13813 CAPITOL DR.  
TAMPA, FL 33613 US

**Name and Address of New Registered Agent:**

POWERS, JIM  
13811 CAPITOL DR.  
TAMPA, FL 33613 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: JIM POWERS

04/11/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ANDREWS, BOB  
Address: 13813 CAPITOL DR.  
City-St-Zip: TAMPA, FL 33613

Title: DT ( ) Delete  
Name: BILLO, ALLEN  
Address: 14333 DIPLOMAT DR  
City-St-Zip: TAMPA, FL 33613

Title: S ( ) Delete  
Name: ALBINO, CINDY  
Address: 14517 DIPLOMAT DR  
City-St-Zip: TAMPA, FL 33613

Title: VD ( ) Delete  
Name: BURKE, CINDY  
Address: 13802 SUPREME PL  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: POWERS, JIM  
Address: 13811 CAPITOL DR.  
City-St-Zip: TAMPA, FL 33613

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALLEN BILLO

DT

04/11/2005

Electronic Signature of Signing Officer or Director

Date