

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-17-2003 90665 045 ****70.00

DOCUMENT # 737968

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2368124**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WISEMAN, ELAINE
14012 CAPITOL DRIVE
TAMPA FL 33613

Name **RUSSELL, GEORGE**

Street Address (P.O. Box Number is Not Acceptable)

513 CONSTITUTION

City **TAMPA**

FL

Zip Code **33613**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

George W. Russell
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/14/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **WISEMAN, ELAINE**
STREET ADDRESS **14012 CAPITOL DRIVE**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **P D** ☒ Change ☐ Addition
NAME **RUSSELL, GEORGE**
STREET ADDRESS **513 CONSTITUTION**
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE **DT** ☒ Delete
NAME **JANSON, ELIZABETH**
STREET ADDRESS **14007 DOMINION**
CITY-ST-ZIP **TAMPA FL**

TITLE **T D** ☒ Change ☐ Addition
NAME **BILLO, ALLEN**
STREET ADDRESS **14333 DIPLOMAT DR.**
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE **DT** ☒ Delete
NAME **BETKOWSKI, JUDIE**
STREET ADDRESS **14503 DIPLOMA DR**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VDT** ☒ Delete
NAME **PRESLEY, JILL**
STREET ADDRESS **808 CONSTITUTION DR**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SDT** ☒ Delete
NAME **SCHMITZ, REBECCA**
STREET ADDRESS **14003 TISH COURT**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **S** ☒ Change ☐ Addition
NAME **ALBINO, CINDY**
STREET ADDRESS **14517 DIPLOMAT DR.**
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE **DTRV** ☒ Delete
NAME **YANNUZI, PAT**
STREET ADDRESS **508 CONSTITUTION DR.**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **V D** ☒ Change ☐ Addition
NAME **BURKE, CINDY**
STREET ADDRESS **13802 SUPREME PLACE**
CITY-ST-ZIP **TAMPA, FL 33613**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Allen Billo* **ALLEN BILLO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-03

Date

Daytime Phone #

CR2E037 (10/02)