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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # 747834

1. Corporation Name

NORTH POINTE HOME OWNERS ASSOCIATION OF AUBURNDA LE, FLORIDA, INC.

Principal Place of Business	Mailing Address
100 N POINTE DR P.O.BOX 1721 AUBURNDALE FL 33823	100 N POINTE DR P.O.BOX 1721 AUBURNDALE FL 33823

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 06/27/1979

4. FEI Number: 59-1921622 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

RAMSEY, PAULINE
117 NORTH POINTE DR
AUBURNDALE FL 33823

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 Pauline Ramsey 3/24/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RAMSEY, PAULINE		1.2 NAME	
STREET ADDRESS	117 NORTH POINTE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	YOCHEM, RONALD		2.2 NAME	
STREET ADDRESS	114 LK MATTIE RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LAKE, DARREL		3.2 NAME	
STREET ADDRESS	105 S CT		3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, MARILYN		4. 2 NAME	
STREET ADDRESS	108 SOUTH CT		4.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, PATRICIA A.		5.2 NAME	
STREET ADDRESS	119 NORTH POINTE DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, WILLIAM W JR		6.2 NAME	
STREET ADDRESS	100 S COURT		6.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: Marilyn Roberts 3-23-99 941-967-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

REQUIRED