2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90076 023 ****61.25

DOCUMENT # 747834

1. Entity Name

NORTH POINTE HOME OWNERS ASSOCIATION OF AUBURNDA

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 33823-1721

DO NOT WRITE IN THIS SPACE

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 59-1921622 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAMSEY, PAULINE
117 NORTH POINTE DR
AUBURNDALE FL 33823

7. Name and Address of New Registered Agent

Name: Ronald Yochem
Street Address (P.O. Box Number is Not Acceptable): 114 Lake Mattie Road
City: Auburndale FL Zip Code: 33823

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.

SIGNATURE: Patricia A. Miller, Sec for North Pointe (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3-20-00

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RAMSEY, PAULINE 117 NORTH POINTE DR AUBURNDALE FL 33823	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(P) Ronald Yochem 114 Lk Mattie Rd Auburndale FL 33823	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V YOCHEM, RONALD 114 LK MATTIE RD AUBURNDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(V) Cindy Hale Auburndale, FL 33	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAKE, DARREL 105 S CT AUBURNDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBERTS, MARILYN 108 SOUTH CT AUBURNDALE FL 33823	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MILLER, PATRICIA A. 119 NORTH POINTE DR AUBURNDALE FL 33823	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(S/T) Patricia A. Miller	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, WILLIAM W JR 100 S COURT AUBURNDALE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) Bill Alley 100 North Pointe Dr Auburndale FL 33823	☑ Change ☐ Addition

CR2E037 (9/99)

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: Patricia A. Miller 3-20-00 863-967-6736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #