2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNE

SIGNATURE:

Mar 02, 2004 8:00 am Secretary of State DOCUMENT # 747834 1. Entity Name 03-02-2004 90017 003 ****61.25 NORTH POINTE HOME OWNERS ASSOCIATION OF AUBURNDALE, FLORIDA, INC. Principal Place of Business Mailing Address TO IN POINTE UR HID N. POHATE OR P.O.BOX 1721 P.O.BOX 1721 AUBURNDALE FL 33823 AUBURNDALE FL 33823 2. Principal Place of Business 3. Mailing Address P. O. 1304 0.0.130x Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State Applied For City & State 4. FEI Number 59-1921622 uburndale Not Applicable uburna Country \$8.75 Additional 5. Certificate of Status Desired 63823-172 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YOCHEM, RONALD Street Address (P.O. Box Number is Not Acceptable) 114 LAKÉ MATTIE ROAD AUBURNDALE FL 33823 Zip Code *3*3*82*3 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 age 2-25-04 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Pres Delete Change ☐ Addition TITLE TITLE YOCHEM, RONALD NAME NAME 114 LK MATTIE RD STREET ADDRESS STREET ADDRESS **AUBURNDALE FL 33823** CITY-ST-7IP 33823 CITY - ST- ZIP Delete Director Change TITLE TITLE ☐ Addition LAKE, DARREL Ron Camechis NAME NAME 122 NORTH POINTE DR 105 S CT STREET ADDRESS STREET ADDRESS AUBURNDALE FL CITY-ST-ZIP CITY-ST-ZIP AUBURN dALE. 33823 Delete TITLE Change ☐ Addition TITLE MILLER, PATRICIA A. -NAME NAME 119 NORTH POINTE DR STREET ADDRESS STREET ADDRESS **AUBURNDALE FL 33823** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE ALLEN, BILL NAME NAME 100 NORTH POINTE DR STREET ADDRESS STREET ADDRESS AUBURNDALE FL 33823 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Channe ☐ Addition TITLE BLACK, SHARON NAME NAME 109 NORTH POINTE DR STREET ADDRESS STREET ADDRESS AUBURNDALE FL 33823 CITY-ST-7IA CITY-ST-ZIP Change TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED