

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 10, 2005
Secretary of State**

DOCUMENT# 747834

Entity Name: NORTH POINTE HOME OWNERS ASSOCIATION OF AUBURNDALE, FLORIDA, INC.

Current Principal Place of Business:

P.O.BOX 1721
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1721
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 59-1921622 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAKE, DARREL
105 SOUTH COURT
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAKE, DARREL
Address: 105 SOUTH COURT
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: CAMECHIS, RON
Address: 122 NORTH POINTE DR
City-St-Zip: AUBURNDALE, FL

Title: ST () Delete
Name: MILLER, PATRICIA A.
Address: 119 NORTH POINTE DR
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: ALLEN, BILL
Address: 100 NORTH POINTE DR
City-St-Zip: AUBURNDALE, FL 33823

Title: VP () Delete
Name: BLACK, SHARON
Address: 109 NORTH POINTE DR
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DARREL C. LAKE

P

02/10/2005

Electronic Signature of Signing Officer or Director

Date