2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED

Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90358 033 ****61.25

DOCUMENT #747834 1. Entity Name



NORTH POINTE HOME OWNERS ASSOCIATION OF AUBURNDALE, FLORIDA, INC.												
P.0.BOX 1721 P.0				ing Address D.BOX 1721 BURNDALE, FL 33823						 	1)[[B]	
Principal Place of Business 3. Mai				iling Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01112006	Chg-NP	CR2E03	7 (11/05)	
City & Stat	te	Cit	City & State				4. FEI Number Applied For 59-1921622 Not Applicable					
Zip	Country			Zip Cou				5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current	l Registere	d Agent	Name			7. Name and Address of New Registered Agent				
LAKE, DARREL 105 SOUTH COURT AUBURNDALE, FL 33823						Street Address (P.O. Box Number is Not Acceptable)						
					City					FL	Zip Coo	de
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												
	Filing Fee Due by M	Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State							
10.		OFFICERS AND D	IRECTORS		11.		A	ADDITIONS/CHA	NGES TO OF	FICERS AND DI	RECTORS II	V 10
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NAME	LAKE, DAI				NAM	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				CITY								
TITLE	p			☐ Delete						☐ Change	Addition	
NAME	CAMECHI	S, RON		Delete TITL							C Criange	
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CITY-ST-ZIP AUBURNDALE, FL 33823								AUBURNATURE 76 33823 TEVE KOWALESKI Change CAddition OB NOOTH FORTE DAIDE SOUTH AUBURNATURE 76 33823				
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CITY-ST-ZIP	1				■ CITY	-ST-ZIP	7-1	7111112	N4/6	-	339	2. ろー・1

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied ental 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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