

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90031 028 \*\*\*\*61.25

**DOCUMENT # 747834**

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



Principal Place of Business  
**P.O. BOX 1721  
AUBURNDALE, FL 33823**

Mailing Address  
**P.O. BOX 1721  
AUBURNDALE, FL 33823**



04212008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**LAKE, DARREL  
105 SOUTH COURT  
AUBURNDALE, FL 33823**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ALLEN, WILLIAM L III
STREET ADDRESS	100 N. POINTE DRIVE
CITY - ST - ZIP	AUBURNDALE, FL 33823
TITLE	V
NAME	CAMECHIS, RON
STREET ADDRESS	122 NORTH POINTE DR
CITY - ST - ZIP	AUBURNDALE, FL 33823
TITLE	ST.
NAME	DICKSON, JENNIFER
STREET ADDRESS	140 NORTH POINTE DR
CITY - ST - ZIP	AUBURNDALE, FL 33823
TITLE	<del>B</del>
NAME	<del>CURTIS, LARRY</del>
STREET ADDRESS	<del>102 NORTH POINTE DR</del>
CITY - ST - ZIP	<del>AUBURNDALE, FL 33823</del>
TITLE	D
NAME	JACKSON, MICHAEL
STREET ADDRESS	120 NORTH POINTE DRIVE
CITY - ST - ZIP	AUBURNDALE, FL 33823
TITLE	D
NAME	KOWALASKI, STEVE
STREET ADDRESS	108 SOUTH CIRCLE
CITY - ST - ZIP	AUBURNDALE, FL 33823

**DO NOT WRITE  
IN THIS SPACE**

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 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: William L. Allen III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08 863-967-9563  
Date Daytime Phone #