2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
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:

100 N. POINTE DR
AUBURNDALE, FL 33823

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:	ALLEN, WILLIAM L III	
Address:	100 N. POINTE DRIVE	
City-St-Zip:	AUBURNDALE, FL 33823	
Title:	V	( ) Delete
Name:	CAMECHIS, RON	
Address:	122 NORTH POINTE DR	
City-St-Zip:	AUBURNDALE, FL 33823	
Title:	ST	( ) Delete
Name:	DICKSON, JENNIFER	
Address:	140 NORTH POINTE DR	
City-St-Zip:	AUBURNDALE, FL 33823	
Title:	D	( ) Delete
Name:	JACKSON, MICHAEL	
Address:	120 NORTH POINTE DRIVE	
City-St-Zip:	AUBURNDALE, FL 33823	
Title:	D	( ) Delete
Name:	KOWALASKI, STEVE	
Address:	108 SOUTH CIRCLE	
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 exemption stated 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 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: WILLIAM ALLEN P 05/01/2009

Electronic Signature of Signing Officer or Director — Date