

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90094 045 ****61.25

DOCUMENT # 747834

1. Entity Name

**NORTH POINTE HOME OWNERS ASSOCIATION OF AUBURND
LE, FLORIDA, INC.**



Principal Place of Business

**100 N POINTE DR
P.O. BOX 1721
AUBURNDAL FL 33823**

Mailing Address

**100 N POINTE DR
P.O. BOX 1721
AUBURNDAL FL 33823**

70027305



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1921622**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOCHER, RONALD
114 LAKE MATTIE ROAD
AUBURNDAL FL 33823**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **Ronald Yocher, Pres**

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

(NOTE: Registered Agent signature required when reinstating)

3-8-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **YOCHER, RONALD**
STREET ADDRESS **114 LK MATTIE RD**
CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LAKE, DARREL**
STREET ADDRESS **105 S CT**
CITY-ST-ZIP **AUBURNDAL FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **MILLER, PATRICIA A.**
STREET ADDRESS **119 NORTH POINTE DR**
CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ALLEN, BILL**
STREET ADDRESS **100 NORTH POINTE DR**
CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BLACK, SHARON**
STREET ADDRESS **109 NORTH POINTE DR**
CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Patricia A. Miller

3-8-03 868-967-6736

CR2E037 (10/02)