2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 23, 2006
Secretary of State

DOCUMENT# 748018

Entity Name: NORTH POINTE TOWNHOMES, INC.

Current Principal Place of Business:

973 N.W. SPRUCE RIDGE DR.
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

973 N.W. SPRUCE RIDGE DR.
UNIT #4
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0159892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TYKO, KELLY I
973 NW SPRUCE RIDGE DR
#4
STUART, FL 34994 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: D ( ) Delete
Name: TRAFICANTE, RICHARD C
Address: 973 NW SPRUCE RDG DR #3
City-St-Zip: STUART, FL

Title: D/T ( ) Delete
Name: TYKO, KELLY I
Address: 973 NW SPRUCE RIDGE DR #4
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete
Name: MILLER, GAIL
Address: 973 N.W. SPRUCE RIDGE DR, #2
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete
Name: DVORAK, THOMAS W
Address: 973 N.W. SPRUCERIDGE DR. #1
City-St-Zip: STUART, FL

Title: D/P ( ) Delete
Name: KLEMMER, HANS
Address: 973 NW SPRUCE RIDGE DR #5
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: TYKO, KELLY I
Address: 973 NW SPRUCE RIDGE DR #4
City-St-Zip: STUART, FL 34994

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

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

Title: D (X) Change ( ) Addition
Name: KLEMMER, HANS
Address: 973 NW SPRUCE RIDGE DR #5
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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: KELLY I. TYKO P 10/23/2006

Electronic Signature of Signing Officer or Director — Date