2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 748018 Aug 03, 2009
Secretary of State

Entity Name: NORTH POINTE TOWNHOMES, INC.

Current Principal Place of Business: New Principal Place of Business:

973 NW SPRUCE RIDGE DRIVE STUART, FL 34994

Current Mailing Address: New Mailing Address:

973 NW SPRUCE RIDGE DR. 376 PRAIRIE ST UNIT #4 ELGIN, IL 60120 STUART, FL 34994

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TYKO, KELLY I
973 NW SPRUCE RIDGE DR
44
STUART, FL 34994 US
LIVINGSTONE, GEOFF
1051 SE OSCEOLA ST
STUART, FL 34996 US

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: GEOFF LIVINGSTONE 08/03/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED

Title: P () Delete Title: PT (X) Change () Addition Name: MCMENAMIN, ANDREW Name: KLEMMER, HANS

Address: 973 NW SPRUCE RDG DR #3 Address: 376 PRAIRIE ST
City-St-Zip: STUART, FL 34994 City-St-Zip: ELGIN, IL 60120

Title: T () Delete Title: S (X) Change () Addition

Name: TYKO, KELLY I Name: TYKO, KELLY I

Address: 973 NW SPRUCE RIDGE DR #4
City-St-Zip: STUART, FL 34994
Address: 973 NW SPRUCE RIDGE DR #4
City-St-Zip: STUART, FL 34994
STUART, FL 34994

Title: D () Delete Title: V (X) Change () Addition Name: MILLER, GAIL Name: MCMENAMIN, ANDREW

Address: 973 NW SPRUCE RIDGE DR #2 Address: 973 NW SPRUCE RIDGE DR #3

City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34994

Title: D (X) Delete Title: () Change () Addition

 Name:
 DVORAK, THOMAS W
 Name:

 Address:
 973 NW SPRUCE RIDGE DR #1
 Address:

 City-St-Zip:
 STUART, FL 34994
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 KLEMMER, HANS
 Name:

 Address:
 973 NW SPRUCE RIDGE DR #5
 Address:

 City-St-Zip:
 STUART, FL 34994
 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: KELLY I TYKO S 08/03/2009