

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90020 008 ****61.25

DOCUMENT # N03000001924					
1. Entity Name NORTHPOINTE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6831 EDWATER COMMERCE PKWY SUITE 1104 ORLANDO, FL 32810			Mailing Address 6831 EDWATER COMMERCE PKWY SUITE 1104 ORLANDO, FL 32810		
2. Principal Place of Business - No P.O. Box # 6831 Edgewater Commerce PKwy		3. Mailing Address 6831 Edgewater Commerce PKwy			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 05-0566280	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARTINO, JOHN D 6831 EDGEWATER COMMERCE PKWY. SUITE 1104 ORLANDO, FL 32810				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD	NAME MCCALLY, JOHN <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6831 EDGEWATER COMMERCE PKWY, STE 1110	CITY-ST-ZIP ORLANDO, FL 32810			STREET ADDRESS	CITY-ST-ZIP
TITLE TD	NAME DUDAN, JEFF <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6831 EDGEWATER COMMERCE PKWY, STE. 1101	CITY-ST-ZIP ORLANDO, FL 32810			STREET ADDRESS	CITY-ST-ZIP
TITLE SD	NAME MARTINO, JOHN <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6831 EDGEWATER COMMERCE PKWY, STE. 1104	CITY-ST-ZIP ORLANDO, FL 32810			STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	

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 John D. Martino
John D. Martino

4/4/07

407-297-9787
 Phone No.