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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03056** **(1)**

1. Corporation Name
NORTH POINTE VILLAS COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2631 NW 41 ST SUITE E-1 PO BOX 147050 GAINESVILLE FL 32614-7050	2631 NW 41 ST SUITE E-1 PO BOX 147050 GAINESVILLE FL 32614-7050

3. Date Incorporated or Qualified: 05/14/1984
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business
21 2830 NW 41st St.
Suite, Apt. #, etc.
22 Suite F
City & State
23 Gainesville, FL.
Zip 24 32606 Country 25

2a. Mailing Address
26 P.O. Box 147050-30
Suite, Apt. #, etc.
27
City & State
28 Gainesvilel, FL.
Zip 29 32614-7050 Country 30

4. FEI Number: 59-2408722 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, BEVERLY K.
2631 NW 41ST STREET, SUITE E-1
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name: Smith, Beverly K.
82 Street Address (P.O. Box Number is Not Acceptable): 2830 NW 41st St.
83: Suite F
84 City: Gainesville FL 85 Zip Code: 32606

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Beverly K Smith 4-30-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KISH, JOHN JR.		1.2 NAME	
STREET ADDRESS	4421 NW 65 TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SPAIN, TOM		2.2 NAME	
STREET ADDRESS	2321 NW 41 STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RUTENBERG, KRIS		3.2 NAME	
STREET ADDRESS	5505 NW 48 PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Kish JR 4/28/97 352 665-8556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number