2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 06, 2004 8:00 am
Secretary of State
05-04-2004 90189 043 ****61.25

DOCUMENT # N03056

1. Entity Name

NORTH POINTE VILLAS COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4400 NW 36TH AVE GAINESVILLE FL 32606 US	4400 NW 36TH AVE GAINESVILLE FL 32606 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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
TRIPPE, PAT 4400 NE 36TH AVE GAINESVILLE FL 32606	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KISH, JOHN JR. 4421 NW 65TH TERRACE GAINESVILLE FL 32606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Barry Rutenburg P.O. Box 358080 Gainesville FL 32635-8080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GERBER, SHIRLEE 1011 NW 41ST DR GAINESVILLE FL 32605	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President BW Robinson 10208 NW 43rd St. Gainesville FL 32653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHEGLEY, KEVIN 1213 SW 25TH AVE BOYNTON BEACH FL 33426	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Michael E Warren 502 NW 16th Ave Gainesville FL 32601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Secretary 6/16/04 352-375-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #