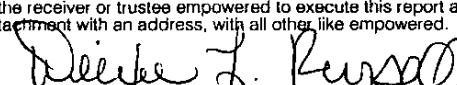


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90355 031 ****61.25

DOCUMENT # N04000006078					
1. Entity Name POINTE NORTH HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2573 BARRINGTON CIR TALLAHASSEE, FL 32308			Mailing Address C/O CAROL TRSCOTT 1700 N MONROE, STE 11-288 TALLAHASSEE, FL 32303		
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 APPLIED FOR 20-2957872				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSELL, DIXIE L 1690 RAYMOND DIEHL RD STE C6 TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2573 Barrington Cir City Tallahassee FL Zip Code 32308	
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 		Dixie L. Russell		4-17-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE DP	NAME RUSSELL, DIXIE L		☐ Delete		
STREET ADDRESS 1690 RAYMOND DIEHL RD STE C6	CITY-ST-ZIP TALLAHASSEE, FL 32308		☒ Change ☐ Addition		
TITLE DST	NAME MILLER, PAMELA A		☐ Delete		
STREET ADDRESS 4134 FORSYTHE WAY	CITY-ST-ZIP TALLAHASSEE, FL 32309		☐ Change ☐ Addition		
TITLE DV	NAME PERKINS, THOMAS J		☐ Delete		
STREET ADDRESS 2009 MAHAN DR	CITY-ST-ZIP TALLAHASSEE, FL 32308		☐ 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 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: 		Dixie L. Russell		4-17-06	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone # 850-385-4646	