2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

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1. Entity Name
NORTH POINTE AT SUNCOAST CROSSINGS OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16506 POINTE VILLAGE DR SUITE 201 LUTZ, FL 33558	16506 POINTE VILLAGE DR SUITE 201 LUTZ, FL 33558

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01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-2255925
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, TYLER ESQ.
101 EAST KENNEDY BOULEVARD, SUITE 3700
TAMPA, FL 33602

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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)

Filing Fee is $61.25
Due by May 1, 2008

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

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	HOGAN, MICHAEL D
STREET ADDRESS	16506 POINTE VILLAGE DR 201
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	D
NAME	MILLS, RAYMOND E
STREET ADDRESS	16506 POINTE VILLAGE DR 201
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	D
NAME	KNIGHT, WILLIAM
STREET ADDRESS	16506 POINTE VILLAGE DR 201
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	D
NAME	TAKATS, JAMES R
STREET ADDRESS	16506 POINTE VILLAGE DR 201
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/08-80026-020 61.25

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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: _____ (813)274-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Raymond E. Mills, Director