

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N04000009714 1. Entity Name NORTH POINTE AT SUNCOAST CROSSINGS OWNERS ASSOCIATION, INC.	
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Principal Place of Business 16506 POINTE VILLAGE DR SUITE 201 LUTZ, FL 33558	Mailing Address 16506 POINTE VILLAGE DR SUITE 201 LUTZ, FL 33558
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01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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	DO NOT WRITE IN THIS SPACE
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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.

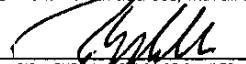
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOGAN, MICHAEL D 16506 POINTE VILLAGE DR 201 LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLS, RAYMOND E 16506 POINTE VILLAGE DR 201 LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNIGHT, WILLIAM 16506 POINTE VILLAGE DR 201 LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAKATS, JAMES R 16506 POINTE VILLAGE DR 201 LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date (913) 274-8000 Daytime Phone #
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Raymond E. Mills, Director