2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009817

FILED Apr 23, 2008 Secretary of State

Entity Name: HOMEOWNERS ASSOCIATION OF NORTH POINTE, INC.

Current Principal Place of Business: New Principal Place of Business: 14514 DIPLOMAT DR 13910 CAPITOL DR TAMPA, FL 33613 TAMPA, FL 33613 **Current Mailing Address: New Mailing Address:** PO BOX 280181 TAMPA, FL 33682 FEI Number: 83-0468949 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VIZCARRA, YVONNE MOORE, JUNE 14514 DIPLOMAT DR 13910 CAPITOL DR TAMPA, FL 33613 TAMPA, FL 33613 US 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. SIGNATURE: DIANE DEVERA 04/23/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BASIAGA, JEFFREY JR. Name: Name: 14031 CAPITOL DR Address: Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: Title: () Delete Title: (X) Change () Addition MOORE, JUNE Name: BALDWIN, DOUGLAS Name: Address: 13910 CAPITOL DR Address: 513 PROCLAMATION DR City-St-Zip: TAMPA, FL 33613 City-St-Zip: TAMPA, FL 33613 Title: () Delete Title: () Change () Addition DOUGLAS, RALPH Name: Name: 812 AMBASSADOR LOOP Address: Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DEVERA, DIANE Name: 14510 EMBASSY LANE Address: Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: Title: () Delete Title: (X) Change () Addition BEVINS, PAMELA GODWIN, CAROL Name: Name: 806 JUSTICE DR 14002 DOMINION CT Address: Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: TAMPA, FL 33613 Title: () Delete Title: (X) Change () Addition VIZCARRA, YVONNE KENT JOHN Name: Name: Address: 14514 DIPLOMAT DR Address: 14304 DIPLOMAT DR TAMPA, FL 33613 TAMPA, FL 33613 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE DEVERA O 04/23/2008