

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 02, 2008**  
**Secretary of State**

DOCUMENT# N06000009817

**Entity Name:** HOMEOWNERS ASSOCIATION OF NORTH POINTE, INC.**Current Principal Place of Business:**13910 CAPITOL DR  
TAMPA, FL 33613**New Principal Place of Business:**13910 CAPITOL DRIVE  
TAMPA, FL 33613**Current Mailing Address:**PO BOX 280181  
TAMPA, FL 33682**New Mailing Address:****FEI Number:** 83-0468949**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MOORE, JUNE  
13910 CAPITOL DR  
TAMPA, FL 33613 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** O ( ) Delete  
**Name:** BASIAGA, JEFFREY JR.  
**Address:** 14031 CAPITOL DR  
**City-St-Zip:** TAMPA, FL 33613**Title:** D ( ) Delete  
**Name:** BALDWIN, DOUGLAS  
**Address:** 513 PROCLAMATION DR  
**City-St-Zip:** TAMPA, FL 33613**Title:** D ( ) Delete  
**Name:** DOUGLAS, RALPH  
**Address:** 812 AMBASSADOR LOOP  
**City-St-Zip:** TAMPA, FL 33613**Title:** O ( ) Delete  
**Name:** DEVERA, DIANE  
**Address:** 14510 EMBASSY LANE  
**City-St-Zip:** TAMPA, FL 33613**Title:** D ( ) Delete  
**Name:** GODWIN, CAROL  
**Address:** 14002 DOMINION CT  
**City-St-Zip:** TAMPA, FL 33613**Title:** D ( ) Delete  
**Name:** KENT, JOHN  
**Address:** 14304 DIPLOMAT DR  
**City-St-Zip:** TAMPA, FL 33613**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change ( ) Addition  
**Name:** BASIAGA, JEFFREY JR.  
**Address:** 14031 CAPITOL DR  
**City-St-Zip:** TAMPA, FL 33613**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** O (X) Change ( ) Addition  
**Name:** KENT, JOHN  
**Address:** 14304 DIPLOMAT DRIVE  
**City-St-Zip:** TAMPA, FL 33613**Title:** O (X) Change ( ) Addition  
**Name:** NEAL, DEBRA  
**Address:** 815 AMBASSADOR LOOP  
**City-St-Zip:** TAMPA, FL 33613**Title:** D (X) Change ( ) Addition  
**Name:** HABIS, JOANNE  
**Address:** 14511 EMBASSY LANE  
**City-St-Zip:** TAMPA, FL 33613

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: JOHN KENT

O

07/02/2008

Electronic Signature of Signing Officer or Director

Date