

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009817

FILED
Mar 20, 2009
Secretary of State

Entity Name: HOMEOWNERS ASSOCIATION OF NORTH POINTE, INC.

Current Principal Place of Business:

13910 CAPITOL DRIVE
TAMPA, FL 33613

New Principal Place of Business:

815 AMBASSADOR LOOP
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:

KENT, JOHN
14304 DIPLOMAT DRIVE
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: JOHN KENT

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () 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 (X) Delete
Name: KENT, JOHN
Address: 14304 DIPLOMAT DRIVE
City-St-Zip: TAMPA, FL 33613

Title: O (X) Delete
Name: NEAL, DEBRA
Address: 815 AMBASSADOR LOOP
City-St-Zip: TAMPA, FL 33613

Title: D (X) Delete
Name: HABIS, JOANNE
Address: 14511 EMBASSY LANE
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEAL, DEBRA
Address: 815 AMBASSADOR LOOP
City-St-Zip: TAMPA, FL 33613

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KENT, JOHN
Address: 14304 DIPLOMAT DRIVE
City-St-Zip: TAMPA, FL 33613

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JOHN KENT

D

03/20/2009

Electronic Signature of Signing Officer or Director

Date