

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008729

FILED
Mar 05, 2009
Secretary of State

Entity Name: NORTH POINT PROFESSIONAL CENTER PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4680 SE 120 ST.
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3695
BELLEVIEW, FL 34421

New Mailing Address:

FEI Number: 26-0858792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRELL, DONALD D.
4680 SE 120 ST.
BELLEVIEW, FL 34420 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: DP () Delete
Name: HARRELL, DONALD D.
Address: P.O. BOX 3695
City-St-Zip: BELLEVIEW, FL 34421

Title: DS () Delete
Name: HARRELL, PAMELA K.
Address: P.O. BOX 3695
City-St-Zip: BELLEVIEW, FL 34421

Title: DT () Delete
Name: LITT, PEGGY E.
Address: P.O. BOX 3695
City-St-Zip: BELLEVIEW, FL 34421

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HARRELL, DONALD D.
Address: P.O. BOX 3695
City-St-Zip: BELLEVIEW, FL 34421

Title: DS (X) Change () Addition
Name: HARRELL, PAMELA K.
Address: P.O. BOX 3695
City-St-Zip: BELLEVIEW, FL 34421

Title: DT (X) Change () Addition
Name: LITT, PEGGY E.
Address: P.O. BOX 3695
City-St-Zip: BELLEVIEW, FL 34421

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: PEGGY E LITT

DT

03/05/2009

Electronic Signature of Signing Officer or Director

Date