

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20288

FILED
Apr 25, 2007
Secretary of State

Entity Name: NORTHPOINT PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O WALTERS GOTTlieb PARTNERS INC
250 S. AUSTRALIAN AVE., SUITE 1100
W. PALM BEACH, FL 33401

New Principal Place of Business:

C/O STRATEGIC REALTY SERVICES LLC
901 NORTHPOINT PARKWAY SUITE 200
WEST PALM BEACH, FL 33407

Current Mailing Address:

C/O WALTERS GOTTlieb PARTNERS INC
250 S. AUSTRALIAN AVE., SUITE 1100
W. PALM BEACH, FL 33401

New Mailing Address:

C/O STRATEGIC REALTY SERVICES, LLC
901 NORTHPOINT PARKWAY SUITE 200
WEST PALM BEACH, FL 33407

FEI Number: 65-0040370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRANE, ROBERT L ESQ.
515 NORTH FLAGLER DRIVE
SUITE 1800
WEST PALM BEACH, FL 33401 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: PD () Delete
Name: LEDER, DOUGLAS R
Address: 500 NORTHPOINT PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DVP () Delete
Name: HOGAN, PAUL
Address: 1100 NORTHPOINT PARKWAY #100
City-St-Zip: WEST PALM BEACH, FL 33407

Title: ST (X) Delete
Name: WILLIS, MARY KAYE
Address: 250 S. AUSTRALIAN AVE., STE 1100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: DUTTON, KAREN
Address: 1100 NORTHPOINT PKWY., STE 100
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: WALL, RICK
Address: 2000 WEST GLADES ROAD STE 206
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: FRIGO, ART JR.
Address: 8871 S.E. COMPASS ISLAND WAY
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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: DOUGLAS R. LEDER

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04/25/2007

Electronic Signature of Signing Officer or Director

Date