

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N20288

1. Entity Name
NORTHPOINT PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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



02262008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0040370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRANE, ROBERT L ESQ.
515 NORTH FLAGLER DRIVE
SUITE 1800
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEDER, DOUGLAS R
STREET ADDRESS	500 NORTHPOINT PARKWAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	DVP
NAME	HOGAN, PAUL
STREET ADDRESS	1100 NORTHPOINT PARKWAY #100
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	DUTTON, KAREN
STREET ADDRESS	1100 NORTHPOINT PKWY., STE 100
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	WALL, RICK
STREET ADDRESS	2000 WEST GLADES ROAD STE 206
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	FRIGO, ART JR.
STREET ADDRESS	8871 S.E. COMPASS ISLAND WAY
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/08-80059-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/08

Date

561.471.5353

Daytime Phone #