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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000000720					
1. Corporation Name HOMEOWNERS ASSOCIATION OF FOREST POINTE, INC.					
Principal Place of Business PO BOX 2003 NEW PORT RICHEY FL 34656-2003			Mailing Address PO BOX 2003 NEW PORT RICHEY FL 34656-2003		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/17/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		59-3173967	
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILLIAMS, DAVID W 10440 KEY LANTERN DR. NEW PORT RICHEY FL 34659 34654		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 34654	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	WILLIAMS, DAVID W	1.2 NAME	
STREET ADDRESS	10440 KEY LANTERN DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34659	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	DONOVAN, KENNETH JR	2.2 NAME	
STREET ADDRESS	8822 WHISPERING OAKS TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	FIEBE, CRAIG	3.2 NAME	
STREET ADDRESS	11046 LAKEVIEW DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David W. Williams 3/1/99 727-861-0778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)