2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 04, 2004 8:00 am
Secretary of State
08-04-2004 90016 023 ****61.25

DOCUMENT # N93000000720

1. Entity Name

HOMEOWNERS ASSOCIATION OF FOREST POINTE, INC.

54066790

MOORE CR2E037 (4/04)

Principal Place of Business	Mailing Address
11819 KESTREL DRIVE NEW PORT RICHEY FL 34654	11819 KESTREL DRIVE NEW PORT RICHEY FL 34654

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3173967 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHORT, PAUL R
7522 N 40TH STREET
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW: FEE IS $61.25
Due By September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD YEVICH, JULIE 12229 SHEARWATER DR NEW PORT RICHEY FL 34654	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Deborah K Cusack 12329 Shearwater DR New Port Richey Fl 34654	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PATTON, NORMAN 12204 SHEARWATER DR NEW PORT RICHEY FL 34654	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRED TUCKER 11832 Kestrel DR New Port Richey Fl 34654	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MILLS, DEBBIE M 11819 KESTREL DRIVE NEW PORT RICHEY FL 34654	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GRAY, FREDERICK 11823 KESTREL DR NEW PORT RICHEY FL 34654	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DAVID VARGUS 11840 Kestrel DR New Port Richey Fl 34654	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD SILVA, THOMAS 11816 KESTREL DR NEW PORT RICHEY FL 34654	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD KAREN MCKNIGHT 12228 Shearwater DR New Port Richey Fl 34654	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: Debbie M Mills Debbie M. Mills 8/1/04 (813-871-4597)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #