2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State
05-05-2005 90084 013 ****61.25

DOCUMENT # N93000000720

1. Entity Name
HOMEOWNERS ASSOCIATION OF FOREST POINTE, INC.

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

04292005 Chg-NP CR2E037 (10/03)

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	7. Name and Address of New Registered Agent
SHORT, PAUL R 7522 N 40TH STREET TAMPA, FL 33604	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

Filing Fee is $61.25
Due by May 1, 2005

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 CUZACK, DEBORAH K 12329 SHEARWATER DR NEW PORT RICHEY, FL 34654	☒ Delete	SD JANET OROZ 12225 SHEARWATER DR New Port Richey Fl 34654	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TUCKER, FRED 11832 KESTRAL DR NEW PORT RICHEY, FL 34654	☒ Delete	PD michael McKnight 12228 Shearwater 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VARGUS, DAVID 11840 KESTRAL DR NEW PORT RICHEY, FL 34654	☒ Delete	VPD Julie A Yevich 12229 Shearwater DR New Port Richy Fl 34654	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD MCKNIGHT, KAREN 12228 SHEARWATER DR NEW PORT RICHEY, FL 34654	☒ Delete	AD Charles K Fahlen 11824 Kestrel DR New Port Richy Fl 34654	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 4/30/05 (813) 871-4597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #