

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001378 (9)

1. Corporation Name

NORTH POINTE HOMEOWNERS ASSOCIATION OF LAKE WALE
S, INC.

Principal Place of Business

Mailing Address

999 9TH STREET
LAKE WALES FL 33853
US

POST OFFICE BOX 629
LAKE WALES FL 33859
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1993

3a. Date of Last Report

06/14/1994

4. FEI Number

59-3179567

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIGNANESE, CYNTHIA C
130 EAST CENTRAL AVENUE
LAKE WALES FL 33853

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME REX, ROBERT
STREET ADDRESS 1413 COVINGTON COURT
CITY - ST - ZIP LAKE WALES FL 33853

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE STD
NAME LONG, GENE
STREET ADDRESS 1413 COVINGTON COURT
CITY - ST - ZIP LAKE WALES FL 33853

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE VD
NAME HEDDON, WILL
STREET ADDRESS 905 HIGHWAY 27, N.W.
CITY - ST - ZIP DUNDEE FL 33838

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D
NAME FEOLI, ADRIANO
STREET ADDRESS 905 HIGHWAY 27, N.W.
CITY - ST - ZIP DUNDEE FL 33838

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D
NAME FEOLI, CARLOS
STREET ADDRESS 905 HIGHWAY 27, N.W.
CITY - ST - ZIP DUNDEE FL 33838

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or on my attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Day, Month, Year)