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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001378 (9)**

1. Corporation Name

NORTH POINTE HOMEOWNERS ASSOCIATION OF LAKE WALE S, INC.



Principal Place of Business	Mailing Address
899 9TH STREET LAKE WALES FL 33853 US	920 DEVONSHIRE WAY LAKE WALES FL 33853 US

3. Date Incorporated or Qualified	03/25/1993
4. FEI Number	59-3179567
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	26 P.O. Box 27 27 Suite, Apt. #, etc. 28 City & State 29 33859-0027 30 Zip Country

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
RIGNANESE, CYNTHIA C 130 EAST CENTRAL AVENUE LAKE WALES FL 33853

10. Name and Address of New Registered Agent
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 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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	KENYON, RICHARD
STREET ADDRESS	934 CHELSEA WAY
CITY-ST-ZIP	LAKE WALES FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	ALLEN, CARMEAN
STREET ADDRESS	921 DEVONSHIRE WAY
CITY-ST-ZIP	LAKE WALES FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	DIGIOIA, ROSALIND
STREET ADDRESS	912 DEVONSHIRE WAY
CITY-ST-ZIP	LAKE WALES FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	TAPLEY, GERALDINE
STREET ADDRESS	920 DEVONSHIRE WAY
CITY-ST-ZIP	LAKE WALES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AL CARMEAN, ALLEN
2.3 STREET ADDRESS	921 DEVONSHIRE WAY
2.4 CITY-ST-ZIP	LAKE WALES, FL 33853
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TURNER, PATRICIA
3.3 STREET ADDRESS	905 DEVONSHIRE WAY
3.4 CITY-ST-ZIP	LAKE WALES, FL 33853
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TAPLEY, GERALDINE
4.3 STREET ADDRESS	920 DEVONSHIRE WAY
4.4 CITY-ST-ZIP	LAKE WALES, FL 33853
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARK MARION
5.3 STREET ADDRESS	919 CHELSEA WAY
5.4 CITY-ST-ZIP	LAKE WALES, FL 33853
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HARDEE, KRISTI
6.3 STREET ADDRESS	907 OXFORD WAY
6.4 CITY-ST-ZIP	LAKE WALES, FL 33853

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.

SIGNATURE _____ DATE 2/26/98 (944) 676-6973

CP2E037 (10/97)

Nonprofit Corporation Annual Report 1998

North Pointe Homeowners Association of Lake Wales, Inc.
Item #13 (cont'd.)

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Credit, Mitchell	X Addition
793 Chelsea Way	
Lake Wales, FL 33853	