

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90123 008 ****61.25

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DOCUMENT # N93000001378

1. Corporation Name

NORTH POINTE HOMEOWNERS ASSOCIATION OF LAKE WALE
S, INC.

Principal Place of Business

999 9TH STREET
LAKE WALES FL 33853
US

Mailing Address

P O BOX 27
LAKE WALES FL 33859-0027
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

03/25/1993

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

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

RIGNANESE, CYNTHIA C.

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

198 FIRST STREET, SOUTH

83

84 City

WINTER HAVEN

FL

85 Zip Code

33880

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME KENYON, RICHARD
STREET ADDRESS 934 CHELSEA WAY
CITY-ST-ZIP LAKE WALES FL

TITLE D ☒ DELETE
NAME CARMEAN, ALLEN
STREET ADDRESS 921 DEVONSHIRE WY
CITY-ST-ZIP LAKE WALES FL 33853

TITLE SD ☒ DELETE
NAME TURNER, PATRICIA
STREET ADDRESS 905 DEVONSHIRE WY
CITY-ST-ZIP LAKE WALES FL 33853

TITLE T ☐ DELETE
NAME TAPLEY, GERALDINE
STREET ADDRESS 920 DEVONSHIRE WY
CITY-ST-ZIP LAKE WALES FL 33853

TITLE VD ☐ DELETE
NAME MARION, MARK
STREET ADDRESS 919 CHELSEA WY
CITY-ST-ZIP LAKE WALES FL 33853

TITLE D ☐ DELETE
NAME HARDEE, KRISTI
STREET ADDRESS 907 OXFORD WY
CITY-ST-ZIP LAKE WALES FL 33853

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME KENYON, RICHARD
1.3 STREET ADDRESS 934 CHELSEA WAY
1.4 CITY-ST-ZIP LAKE WALES, FL 33853

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME REHAUT, WARREN
2.3 STREET ADDRESS 908 DEVONSHIRE WAY
2.4 CITY-ST-ZIP LAKE WALES, FL 33853

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME SMILEY, RANDOLPH
3.3 STREET ADDRESS 913 PRIMROSE WAY
3.4 CITY-ST-ZIP LAKE WALES, FL 33853

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

5.1 TITLE PD ☒ Change ☐ 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 VD ☒ Change ☐ 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, with all other like empowered.

SIGNATURE: Geraldine A. Tapley 3/13/99 (941) 676-6973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)