

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001378

1. Entity Name

NORTH POINTE HOMEOWNERS ASSOCIATION OF LAKE WALE

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90116 042 ****61.25

Principal Place of Business
999 9TH STREET
LAKE WALES FL 33853
US

Mailing Address
P O BOX 27
LAKE WALES FL 33859-0027
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number
59-3179567
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RIGNANESE, CYNTHIA C
198 1ST STREET SO.
WINTER HAVEN FL 33880

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.

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
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
D KENYON, RICHARD 934 CHELSEA WAY LAKE WALES FL
D REHAUT, WARREN 908 DEVONSHIRE WAY LAKE WALES FL 33853
D SMILEY, RANDOLPH 913 PRIMROSE WAY LAKE WALES FL 33853
T TAPLEY, GERALDINE 920 DEVONSHIRE WY LAKE WALES FL 33853
PD MARION, MARK 919 CHELSEA WY LAKE WALES FL 33853
VD HARDEE, KRISTI 907 OXFORD WY LAKE WALES FL 33853

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD ALLEN CARMEAN 921 DEVONSHIRE WAY LAKE WALES, FL 33853
VD REHAUT, WARREN 908 DEVONSHIRE WAY LAKE WALES, FL 33853
D TREVOR HENRICH 916 PRIMROSE WAY LAKE WALES, FL 33853
D DAVID HALL 917 PRIMROSE WAY LAKE WALES, FL 33853
S HARDEE, KRISTI 907 OXFORD WAY LAKE WALES, FL 33853

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: *Signature of Geraldine Tapley* GERALDINE TAPLEY 3-1-2000 (863) 676-6973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)