

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90004 048 ****61.25

DOCUMENT # N93000001378 1. Entity Name NORTH POINTE HOMEOWNERS ASSOCIATION OF LAKE WALES, 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3179567	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GALLOWAY, ALBERT C JR., P.A. 924 DEVONSHIRE WAY LAKE WALES, FL 33853				Name Albert C. Galloway, Jr., P.A. Street Address (P.O. Box Number is Not Acceptable) 202 East Stuart Avenue City Lake Wales FL Zip Code 33859	
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 Albert C. Galloway, Jr., P.A. (NOTE: Registered Agent signature required when reinstating) 01-20-06					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P GRIFFITH, WILLIAM 940 DEVONSHIRE WAY LAKE WALES, FL 33853	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAPCZYNSKI, CATHERINE 814 CHELSEA WAY LAKE WALES, FL 33853	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIGIOIA, ROZ 912 DEVONSHIRE WAY LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, PAT 905 DEVONSHIRE WAY LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGUS, JAMES 9077 CHELSEA WAY LAKE WALES, FL 33853	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REHAUT, JEAN T 908 DEVONSHIRE WAY LAKE WALES, FL 33853	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Pat Turner 905 Devonshire Way Lake Wales FL 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Evelyn Alvarado 903 Chelsea Way Lake Wales FL 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary (temp) Sean T. Rehaut 908 Devonshire Way Lake Wales FL 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Bogus 907 Chelsea Way Lake Wales FL 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Evelyn Alvarado 01-20-06 863-676-7185					