

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90259 030 \*\*\*\*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**

**50000145**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01082007 Chg-NP CR2E037 (12/06)

Zip

Country

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

7. Name and Address of New Registered Agent

**GALLOWAY, JR, ALBERT C P.A.  
202 EAT STUART AVE  
LAKE WALES, FL 33859**

Name **SAME**

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

**202 EAST STUART AVENUE**

City **LAKE WALES**

**FL**

Zip Code  
**33853**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **P** ☒ Delete  
NAME **TURNER, PAT**  
STREET ADDRESS **905 DEVONSHIRE WAY**  
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **PRESIDENT/TREASURER** ☒ Change ☐ Addition  
NAME **JEAN T. REHAUT**  
STREET ADDRESS **908 DEVONSHIRE WAY**  
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **T** ☒ Delete  
NAME **ALVARADO, EVELYN**  
STREET ADDRESS **903 CHELSEA WAY**  
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **VP** ☐ Change ☒ Addition  
NAME **WILLIAM GRIFFITH**  
STREET ADDRESS **940 DEVONSHIRE WAY**  
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **S** ☒ Delete  
NAME **REHAUT, SEAN T**  
STREET ADDRESS **908 DEVONSHIRE WAY**  
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **S** ☒ Change ☐ Addition  
NAME **PAT TURNER**  
STREET ADDRESS **905 DEVONSHIRE WAY**  
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **D** ☒ Delete  
NAME **TURNER, PAT**  
STREET ADDRESS **905 DEVONSHIRE WAY**  
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **D** ☐ Change ☒ Addition  
NAME **BETTY PETTIT**  
STREET ADDRESS **906 CHELSEA WAY**  
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **D** ☐ Delete  
NAME **BOGUS, JAMES**  
STREET ADDRESS **907 CHELSEA WAY**  
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **SAME** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☒ Delete  
NAME **REHAUT, JEAN T**  
STREET ADDRESS **908 DEVONSHIRE WAY**  
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Jeane Rehaut*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-9-07**  
Date

**863-678-0455**  
Daytime Phone #