## 2007 NOT-FOR-PROFIT CORPORATION

Mailing Address

## **ANNUAL REPORT**

## **DOCUMENT # N93000001378**

Principal Place of Business

1. Entity Name NORTH POINTE HOMEOWNERS ASSOCIATION OF LAKE WALES, INC.



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

01-16-2007 90259 030 \*\*\*\*61.25

FARRAGIAE

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite, Apr. 4, etc.	999 9TH STREET LAKE WALES, FL 33853 US		P O BOX 27 Lake Wales, FL 33859-0027 US							2000	0143
Suite, Apt. #, etc.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
City & State  Ci	2. Principal Place of Business - No P.O. Box # 3. Mailing Address				;						
Secretary   Secr	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					01082007 Chg-NP CR2E037 (12/06)			
Exp   Country   Zip   Country   S. Cernificate of Status Desired   \$8,75 Additional Fee Required   \$8,75 Additional Fee Requir	City & State	9	City & State					FO 0470507			
ACALLOWAY, JR, ALBERT C P.A. 202 EAT STUART AVE LAKE WALES, FL 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 Rorida. I am familiar with, and accept the obligations of registered agent.    Signature   Part	Zip	Country	Zip Co			untry					litional
CALLOWAY, JR. ALBERT C P.A.  202 EAT STUART AVE.  LAKE WALES, FL 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 familier with, and accept the obligations of registered agent. I am familier with, and accept the obligations of registered agent. I am familier with, and accept the obligations of registered agent. I am familier with, and accept the obligations of registered agent. I am familier with, and accept the obligations of registered agent. I am familier with, and accept the obligations of registered agent. I am familier with, and accept the obligations of registered agent. I am familier with, and accept the obligations of registered agent. I am familier with, and accept the obligations of registered agent. I am familier with, and accept the obligations of registered agent. I am familier with, and accept the obligations of registered agent. I am familier with, and accept the obligations of registered agent. I am familier with, and accept the obligations of registered agent. I am familier with, and accept the obligations of registered agent. I am familier with, and accept the obligation of registered agent. I am familier with, and accept the obligation of registered agent. I am familier with, and accept the obligation of registered agent. I am familier with, and accept the obligation of registered agent. I am familier with, and accept the obligation of registered agent. I am familier with, and accept the obligation of registered agent. I am familier with, and accept the obligation of registered agent. I am familier with, and accept the obligation of registered agent. I am familier with, and accept the obligation of registered agent. I am familier with, and accept the obligation of registered agent. I am familier with, and accept the obligation of registered agent. I am familier with, and accept the obligation of registered agent. I am familier with, and accept the obligation of registered agen	6. Name and Address of Current Registered Agen				L	Ι		7. Name and Add	ress of New Reg!	stered Agent	
B. The aboven named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rovida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rovida. I am familiar with, and accept the debtigations of registered agent, or both, in the State of Rovida. I am familiar with, and accept the debtigations of registered agent, or both, in the State of Rovida. I am familiar with, and accept the debtigation of registered agent, or both, in the State of Rovida. I am familiar with, and accept the debtigation of registered agent, or both, in the State of Rovida. I am familiar with, and accept the debtigation of registered agent, or both, in the State of Rovida. I am familiar with, and accept the debtigation of registered agent, or both, in the State of Rovida. I am familiar with, and accept the debtigation of registered agent, or both, in the State of Rovida. I am familiar with, and accept the debtigation of registered agent, or both, in the State of Rovida. I am familiar with, and accept the debtigation of registered agent, or both in the State of Rovida. I am familiar with, and accept the debtigation of registered agent, or both in the State of Rovida in the substitute of Policy Both In the State of Rovida in Research Agent In the Roving Both In the State of Rovida in Research Agent In the Rovida In the Roving Both In the State of Rovida in Research Roving Both In the Rovida In the Rovida In the Roving Both In the	GALLOWAY,JR, ALBERT C P.A. 202 EAT STUART AVE					Street Address (P.O. Box Number is Not Acceptable)					
Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TURNER, PAT	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										
TITLE NAME TURNER, PAT 905 DEVONSHIRE WAY LAKE WALES, FL 33853  TITLE ALVARADO, EVELYN 903 CHELSEA WAY LAKE WALES, FL 33853  TITLE S REHANT, SEAN T 905 DEVONSHIRE WAY LAKE WALES, FL 33853  TITLE NAME REHANT, SEAN T 908 DEVONSHIRE WAY LAKE WALES, FL 33853  TITLE NAME STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33853  TITLE TURNER, PAT 908 DEVONSHIRE WAY LAKE WALES, FL 33853  TITLE NAME STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33853  TITLE TURNER, PAT 905 DEVONSHIRE WAY LAKE WALES, FL 33853  TITLE TURNER, PAT 905 DEVONSHIRE WAY LAKE WALES, FL 33853  TITLE TURNER, PAT 905 DEVONSHIRE WAY LAKE WALES, FL 33853  TITLE D TURNER, PAT 905 DEVONSHIRE WAY LAKE WALES, FL 33853  TITLE NAME STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33853  TITLE D TURNER, PAT 905 DEVONSHIRE WAY LAKE WALES, FL 33853  TITLE NAME STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33853  TITLE NAME STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33853  TITLE NAME STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33853  TITLE NAME STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33853  TITLE NAME STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33853  TITLE NAME STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33853  TITLE NAME STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33853  TITLE NAME STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33853  TITLE NAME STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33853  TITLE NAME STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33853  TITLE NAME STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33853  TITLE NAME STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33853  TITLE NAME STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33853  TITLE NAME STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33853  TITLE NAME STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33853  TITLE NAME STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33853  TITLE NAME STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33853  TITLE TOTAL TOTAL THE WAY THE ADDRESS TOTAL	· · · · · · · · · · · · · · · · · · ·							, <b>40.00</b> (na) bo			
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I nereby certify that the information supplied with this titing does not quality 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 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:

KING OFFICER OR DIRECTOR

863-478-0455