

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90109 003 ****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 - No P.O. Box #		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"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLOWAY, JR, ALBERT C P.A. 202 EAST STUART AVE LAKE WALES, FL 33859			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PT	NAME REHAUT, JEANT	<input checked="" type="checkbox"/> Delete		TITLE P	NAME JANICE NAIMY
STREET ADDRESS 908 DEVONSHIRE WAY	CITY-ST-ZIP LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE V	NAME GRIFFITH, WILLIAM	<input checked="" type="checkbox"/> Delete		TITLE V	NAME SANDY KENYON
STREET ADDRESS 940 DEVONSHIRE WAY	CITY-ST-ZIP LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE S	NAME TURNER, PAT	<input type="checkbox"/> Delete		TITLE 	NAME
STREET ADDRESS 905 DEVONSHIRE WAY	CITY-ST-ZIP LAKE WALES, FL 33853	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE D	NAME PETTIT, BETTY	<input type="checkbox"/> Delete		TITLE 	NAME
STREET ADDRESS 906 CHELSEA WAY	CITY-ST-ZIP LAKE WALES, FL 33853	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE D	NAME BOGUS, JAMES	<input type="checkbox"/> Delete		TITLE 	NAME
STREET ADDRESS 907 CHELSEA WAY	CITY-ST-ZIP LAKE WALES, FL 33853	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE 	NAME 	<input type="checkbox"/> Delete		TITLE T	NAME JEFF HAZLETT
STREET ADDRESS 	CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
STREET ADDRESS 	CITY-ST-ZIP 	<input 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: Patricia Turner PATRICIA TURNER				1-5-08 863-676-3297	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	