2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N93000001378

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

Current Principal Place of Business:

999 9TH STREET
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 27
LAKE WALES, FL 338590027 US

New Mailing Address:

FEI Number: 59-3179567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLOWAY,JR, ALBERT C P.A.
202 EAST STUART AVE
LAKE WALES, FL 33859 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NAIMY, JANICE
Address: 774 CHELSEA WAY
City-St-Zip: LAKE WALES, FL 33853

Title: V ( ) Delete
Name: KENYON, SANDY
Address: 934 CHELSEA WAY
City-St-Zip: LAKE WALES, FL 33853

Title: S ( ) Delete
Name: TURNER, PAT
Address: 905 DEVONSHIRE WAY
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete
Name: PETTIT, BETTY
Address: 906 CHELSEA WAY
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete
Name: BOGUS, JAMES
Address: 907 CHELSEA WAY
City-St-Zip: LAKE WALES, FL 33853

Title: T ( ) Delete
Name: HAZLETT, JEFF
Address: 952 PRIMROSE WAY
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT TURNER S 01/07/2009

Electronic Signature of Signing Officer or Director — Date