### \_2007 FOR PROFIT CORPORATION ANNUAL REPORT

### FILED Jul 13, 2007 8:00 am Secretary of State

DOCUMENT # P06000083143  1. Entity Name NORTHPOINTE VILLAS OF OCALA, INC.						(	02-14-2007 900	046 029 *	**150.0	)
Principal Place	e of Business	Mailing Address								
2550 NE 36TH AVE. OCALA, FL 34471		2550 NE 36TH AVE. OCALA, FL 34471				66020330				
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2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01102007	Chg-P	CR2E034	(12/06)	
City & State		City & State				4. FEI Numbe			<del></del>	plied For
				\		<u>ao 5</u>	aa4749			Applicable
Zip	Country	Zip	Countr	у		5. Certificate	of Status Desired	□ \$ Fe	8.75 Add se Required	ltional i
6. Name and Address of Current Registered Agent						7. Name and	Address of New R			
FINN, MICHAEL A 2550 NE 36TH AVE. OCALA, FL 34471				Name  Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Code	9
	named entity submits this statement for ons of registered agent.	or the purpose of changing its	registered	d office or	register	ed agent, or bot		rida. I am fa	miliar with,	and accept
SIGNATURE										
	Signature, typed or printed name of registered agent	and title it applicable. (NOT	E: Registered	Agent signatur	re required	when reinstating)	·	DATE		·
FILI After Ma	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Cont	-	cing 🔲		00 May Be ed to Fees				
10.	OFFICERS AND	D DIRECTORS 11			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINN, MICHAEL A 2550 NE 36TH AVE.		HAME STREE CITY-S	T ADDRESS		•			Change	Addition
TITLE NAME			TITLE NAME					•	Change	Addition

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150.00

X Independent National Bank

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 Michael A SIGNATURE SIGNATURE OF S

Michael A. Finn-Pres.

2-9-07

(352)622 - 3116

Date

Daytime Phone #

# ATTACHMENT

## (46020330) Crestwood Builders, Inc. 2550 NE 25th Ave, Suite F Ocala Fl 34470

Phone: (352) 622-3116 Fax: (352) 732-5127

**Division of Corporations** P.O. Box 1500 Tallahassee, FL 32302-1500

July 11, 2007

RE: P06000083143 North Pointe Villas of Ocala, Inc.

#### To Whom It May Concern:

Marsha Laur

I received a Notice of Intent to Dissolve concerning the above Corporation. Your office told me our check number 1012 dated February 9, 2007 for \$150.00 was held and the Annual Report was returned because the FEI Number was blank. We did not get the form that was returned so I have made a copy of the one I sent you in February and corrected the FEI number.

Should you have any question please feel free to call me.

Sincerely,

Marsha Bowen