

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000065000 (6)

1. Corporation Name

NORTH POINTE DEVELOPERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1861 PLACIDA RD., STE. 204  
ENGLEWOOD FL 34223

1861 PLACIDA RD., STE. 204  
ENGLEWOOD FL 34223

2. Principal Place of Business

2a. Mailing Address

21 1201 SO. McCALL RD  
Suite, Apt. #, etc.

26 1201 SO. McCALL RD  
Suite, Apt. #, etc.

22 City & State  
23 ENGLEWOOD FL

27 City & State  
28 ENGLEWOOD FL

24 Zip  
25 34223

29 Zip  
30 34223

Country  
25 USA

Country  
30 USA

9. Name and Address of Current Registered Agent

BATSEL, C. GUY  
1861 PLACIDA RD., STE. 204  
ENGLEWOOD FL 34223

3. Date Incorporated or Qualified

07/28/1997

4. FEI Number

☒ Applied For  
☐ Not Applicable

6. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name  
THOMAS M. DIGNAM

82 Street Address (P.O. Box Number is Not Acceptable)  
1201 SO. McCALL RD

83 City  
ENGLEWOOD FL

84 Zip Code  
34223

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

2-13-98

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DIGNAM, THOMAS M  
P.O. BOX 1283  
ENGLEWOOD FL 34295

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DIGNAM, DAVID M  
P.O. BOX 1283  
ENGLEWOOD FL 34295

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
EDWARDS, LESLIE D  
P.O. BOX 1283  
ENGLEWOOD FL 34295

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
PRES  
1201 SO. McCALL RD  
ENGLEWOOD FL 34223

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
VP + TREAS.  
1201 SO. McCALL RD  
ENGLEWOOD FL 34223

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
SEC.  
1201 SO. McCALL RD  
ENGLEWOOD FL 34223

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

2-13-98 41N-0511

CR2E034 (10/97)