2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# P97000094793

Entity Name: NORTH POINTE VILLAS APARTMENTS, INC.

Current Principal Place of Business:

4421 NORTHWEST 65TH TERRACE
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

4421 NORTHWEST 65TH TERRACE
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3478796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KISH, JOHN JR
4421 NW 65 TERR
GAINESVILLE, FL 32606 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KISH, JOHN JR
Address: 4421 NORTHWEST 65TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: VTSD ( ) Delete
Name: KISH, KATHLEEN
Address: 4421 NW 65 TERR
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete
Name: MCCLLELAN, KRISTI
Address: 4421 NW 65 TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete
Name: KISH, KELLEY
Address: 4421 NW 65 TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete
Name: KNOBLAUCH, KARI
Address: 4421 NW 65 TERRACE
City-St-Zip: GAINESVILLE, FL 32606

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN KISH PD 04/21/2008

Electronic Signature of Signing Officer or Director — Date