### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001378

Entity Name: NORTH POINTE HOMEOWNERS ASSOCIATION OF LAKE

WALES, INC.

**FILED** Feb 28, 2014 **Secretary of State** CC0829697522

#### **Current Principal Place of Business:**

999 9TH STREET

LAKE WALES, FL 33853

# **Current Mailing Address:**

P O BOX 27

LAKE WALES, FL 33859-0027 US

FEI Number: 59-3179567 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

LAKE WALES FL 33853

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

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Litle	P	Litle	DIRECTOR

Name KENYON, SANDY Name WHITMER, MELISSA Address 934 CHELSEA WAY Address 933 DEVONSHIRE WAY City-State-Zip: LAKE WALES FL 33853 City-State-Zip: LAKE WALES FL 33853

Title **DIRECTOR** Title S Name PROULX, LINDA Name HAZLET, JEAN Address 930 OXFORD WAY Address 952 PRIMROSE WAY City-State-Zip: LAKE WALES FL 33853

Title **DIRECTOR** Title **TREASURER** 

Name PROULX, RONALD THOMAS-GREENIDGE, DESIREE Name Address 930 OXFORD WAY 915 OXFORD WAY Address

City-State-Zip: LAKE WALES FL 33853 City-State-Zip: LAKE WALES FL 33853

I hereby 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 all other like empowered.

**PRESIDENT** 

SIGNATURE: SANDY KENYON

Electronic Signature of Signing Officer/Director Detail

02/28/2014