

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001378

**Entity Name:** NORTH POINTE HOMEOWNERS ASSOCIATION OF LAKE WALES, INC.**FILED**  
**Feb 09, 2021**  
**Secretary of State**  
**9455678959CC****Current Principal Place of Business:**500 ORCHID SPRINGS DR  
WINTER HAVEN, FL 33884**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:**STAMBAUGH, INC.  
500 ORCHID SPRINGS DR  
WINTER HAVEN, FL 33884 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: TANISHA SCHROEDER****02/09/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | VP                    |
| Name            | ALVARADO, EVELYN      |
| Address         | 500 ORCHID SPRINGS DR |
| City-State-Zip: | WINTER HAVEN FL 33884 |

|                 |                       |
|-----------------|-----------------------|
| Title           | TREASURER             |
| Name            | PETHERICK, JEANNE     |
| Address         | 500 ORCHID SPRINGS DR |
| City-State-Zip: | WINTER HAVEN FL 33884 |

|                 |                       |
|-----------------|-----------------------|
| Title           | DIRECTOR              |
| Name            | HENRICHS, TREVOR      |
| Address         | 500 ORCHID SPRINGS DR |
| City-State-Zip: | WINTER HAVEN FL 33884 |

|                 |                       |
|-----------------|-----------------------|
| Title           | PRESIDENT             |
| Name            | DENTON, CHUCK         |
| Address         | 500 ORCHID SPRINGS DR |
| City-State-Zip: | WINTER HAVEN FL 33884 |

|                 |                       |
|-----------------|-----------------------|
| Title           | SECRETARY             |
| Name            | HUFF, BEVERLY         |
| Address         | 500 ORCHID SPRINGS DR |
| City-State-Zip: | WINTER HAVEN FL 33884 |

*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.*

**SIGNATURE: CHUCK DENTON****PRESIDENT****02/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date