

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000319

FILED
Mar 05, 2008
Secretary of State

Entity Name: THE LAKEPOINTE AT COUNTRYSIDE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 59-3611716 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HARRISON, JULIE
Address: 3619 COUNTRY POINTE PL
City-St-Zip: PALM HARBOR, FL 34684

Title: PD () Delete
Name: VIGUE, JUDITH
Address: 3592 COUNTRY POINTE PL
City-St-Zip: PALM HARBOR, FL 34684

Title: VPD () Delete
Name: DEGNAN, KRISTINA
Address: 3625 COUNTRY POINTE PL
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: RATLIFF, DANIEL
Address: 3587 COUNTRY POINTE PL
City-St-Zip: PALM HARBOR, FL 34684

Title: SD () Delete
Name: SLAZAS, EUGENE
Address: 3589 COUNTRY POINTE PL
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: RATLIFF, DANIEL
Address: 3587 COUNTRY POINTE PL
City-St-Zip: PALM HARBOR, FL 34684

Title: D (X) Change () Addition
Name: SLAZAS, EUGENE
Address: 3589 COUNTRY POINTE PL
City-St-Zip: PALM HARBOR, FL 34684

Title: SD (X) Change () Addition
Name: DEGNAN, KRISTINA
Address: 3625 COUNTRY POINTE PL
City-St-Zip: PALM HARBOR, FL 34684

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

SIGNATURE: JUDITH VIGUE

_____ Electronic Signature of Signing Officer or Director

PRES

03/05/2008

_____ Date