

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003878

FILED
Feb 11, 2009
Secretary of State

Entity Name: SPRING LAKE POINTE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

901 N LAKE DESTINY DR
STE 110
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

901 N LAKE DESTINY DR
STE 110
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3758773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, ROBIN L
901 N LAKE DESTINY DR STE 110
MAITLAND, FL 32751 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: D () Delete
Name: GONZALEZ, HORACIO
Address: 233 MAISON CRT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P () Delete
Name: CARELLI, MARK
Address: 230 MAISON COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete
Name: ROSENBERG, JON
Address: 248 MADISON COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: LOMBARDI, DEXTER
Address: 229 MAISON CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S () Delete
Name: MASTERS, BRIAN
Address: 225 MAISON CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T () Delete
Name: SMITH, JACK
Address: 235 MAISON CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

SIGNATURE: MILDRED MERCED

Electronic Signature of Signing Officer or Director

COMP

02/11/2009

Date