2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N03570

Entity Name: LAKE POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6939 N. WICKHAM ROAD
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

6939 N. WICKHAM ROAD
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 59-2625033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWART, FRANCES
6939 N WICKHAM RD
MELBOURNE, FL 32940 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: P ( ) Delete
Name: RAY, MARK
Address: 339 MYRTLEWOOD RD
City-St-Zip: MELBOURNE, FL 32940

Title: VP ( ) Delete
Name: BRATTON, PAM
Address: 383 CYPRESS POINT DR.
City-St-Zip: MELBOURNE, FL 32940

Title: T ( ) Delete
Name: DAWSON, CLIFF
Address: 383 MYRTLEWOOD ROAD
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete
Name: SANDLER, ELAINE
Address: 387 CYPRESS POINT DR
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCHULTZ, MAGGIE
Address: 331 MYRTLEWOOD RD
City-St-Zip: MELBOURNE, FL 32940

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

SIGNATURE: MAGGIE SCHULTZ P 03/16/2009

Electronic Signature of Signing Officer or Director — Date