2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N06000010739

Entity Name: JOHNS LAKE POINTE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

5401 S. KIRKMAN RD
SUITE 450
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5401 S. KIRKMAN RD
SUITE 450
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 20-8627971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 S. KIRKMAN ROAD, SUITE 450
ORLANDO, FL 32819 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: DP ( ) Delete
Name: O'DOWD, STEVEN
Address: 1155 S. SEMORAN BLVD, STE #1120
City-St-Zip: WINTER PARK, FL 32792

Title: DVT ( ) Delete
Name: STEVEN, HISS
Address: 1155 S. SEMORAN BLVD, STE #1120
City-St-Zip: WINTER PARK, FL 32782

Title: DS ( ) Delete
Name: PEREZ, DENNIS
Address: 1155 SERMON BLVD, STE #1120
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: O'DOWD, STEVEN
Address: 393 OLD ALEMANY PLACE
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change ( ) Addition
Name: HISS, STEVEN
Address: 393 OLD ALEMANY PLACE
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change ( ) Addition
Name: PEREZ, DENNIS
Address: 393 OLD ALEMANY PLACE
City-St-Zip: OVIEDO, FL 32765

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: STEVEN O'DOWD D 01/09/2009

Electronic Signature of Signing Officer or Director — Date