

2004 NOT-FOR-PROFIT CORPORATION ANNUAL-REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90332 004 ****61.25

DOCUMENT # N97000001246					
1. Entity Name LAKE STEER POINTE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5695 BEGGS RD., STE B-100 ORLANDO, FL 32810			Mailing Address 5695 BEGGS RD., STE B-100 ORLANDO, FL 32810		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3470141	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SUTHERLAND, THERESA 5695 BEGGS RD., STE B-100 ORLANDO, FL 32810			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PATRICK, MARY 8229 CHATHAM POINTE CT ORLANDO, FL 32835	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ARNOLD, JOEL T 8248 LEXINGTON VIEW LN ORLANDO, FL 32835	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HARRIS, HOLLY 637 SCARBOROUGH PASS RD ORLANDO, FL 32835	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BROWN, DONNA 643 SCARBOROUGH PASS RD ORLANDO, FL 32835	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOCKLEY, JAMES P 8321 LEXINGTON VIEW LANE ORLANDO, FL 32835	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PRASHAD, BONNIE 8224 LEXINGTON VIEW LANE ORLANDO, FL 32835	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Lara, Javfer 8249 Lexington View Lane Orlando, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Carter, Deborah 8101 Windsor Ridge Road Orlando, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/19/04 Daytime Phone #: 321-436-8221					