

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005467

FILED
Mar 29, 2005
Secretary of State

Entity Name: LAKE TOHO SUNSET POINTE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1501 SUNSET POINTE PL
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

1501 SUNSET POINTE PL
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 59-3356620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHITMORE, STEVEN
1501 SUNSET POINTE PLACE
KISSIMMEE, FL 34744 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: PD () Delete
Name: BONAR, KIP
Address: 1506 SUNSET POINTE PL
City-St-Zip: KISSIMMEE, FL 34744

Title: VD (X) Delete
Name: BONAR, KIP
Address: 1504 SUNSET POINTE PL
City-St-Zip: KISSIMMEE, FL 34744

Title: SD () Delete
Name: ACKLEY, RAJIA
Address: 1509 SUNSET POINTE PLACE
City-St-Zip: KISSIMMEE, FL 34744

Title: TD () Delete
Name: WEISS, DOREEN
Address: 1505 SUNSET POINTE PL
City-St-Zip: KISSIMMEE, FL 34744

Title: VD () Delete
Name: KUENG, GEORG
Address: 1511 SUNSET POINTE PL
City-St-Zip: KISSIMMEE, FL 34744

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
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 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 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: CHARLES W. BONAR, JR.

PD

03/29/2005

Electronic Signature of Signing Officer or Director

Date