

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001246

FILED
Mar 26, 2008
Secretary of State

Entity Name: LAKE STEER POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2582 SOUTH MAGUIRE RD
318
OCOOEE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 783367
WINTER GARDEN, FL 34778 US

New Mailing Address:

FEI Number: 59-3470141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, SPENCER R
14443 PRUNNING WOOD PLACE
WINTER GARDEN, FL 34787 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: VPD () Delete
Name: O'TOOLE, MIKE
Address: 8113 WINDSOR RIDGE RD.
City-St-Zip: ORLANDO, FL 32835 US

Title: PD () Delete
Name: DAVENPORT, TIM
Address: 601 SCARBOROUGH PASS
City-St-Zip: ORLANDO, FL 32835 US

Title: STD () Delete
Name: PETRAKOS, JUDY
Address: 8242 LEXINGTON VIEW LANE
City-St-Zip: ORLANDO, FL 32835 US

Title: D () Delete
Name: ROUTIE, RICHARD
Address: 8235 CHATHAM POINTE CT.
City-St-Zip: ORLANDO, FL 32835 US

Title: D () Delete
Name: PRASHAD, BONNIE
Address: 8224 LEXINGTON VIEW LANE
City-St-Zip: ORLANDO, FL 32835 US

Title: D () Delete
Name: LARA, JAVIER
Address: 8249 LEXINGTON VIEW LANE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: O'TOOLE, MIKE
Address: 8113 WINDSOR RIDGE RD.
City-St-Zip: ORLANDO, FL 32835 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ARNOLD, JOEL
Address: 8248 LEXINGTON VIEW LN
City-St-Zip: ORLANDO, FL 32835

Title: STD (X) Change () Addition
Name: ROUTIE, RICHARD
Address: 8235 CHATHAM POINTE CT.
City-St-Zip: ORLANDO, FL 32835 US

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: SPENCER SOLOMON

RA

03/26/2008

Electronic Signature of Signing Officer or Director

Date