## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000000319

Entity Name: THE LAKEPOINTE AT COUNTRYSIDE PROPERTY OWNERS

ASSOCIATION, INC.

**Current Principal Place of Business:** 

4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685

**Current Mailing Address:** 

4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685

FEI Number: 59-3611716 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REARDON, MAUREEN C 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US

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

**FILED** Mar 30, 2017

**Secretary of State** 

CC4001800436

Officer/Director Detail:

Title PRE Title VΡ

Name VIGUE, JUDITH Name TOWNE, ERNEST

Address 4151 WOODLANDS PARKWAY Address 4151 WOODLANDS PARKWAY

City-State-Zip: PALM HARBOR FL 34685 City-State-Zip: PALM HARBOR FL 34685

Title **SECRETARY** Title **TREASURER** 

WINTER, MARGARET Name SLAZAS, EUGENE Name

Address 4151 WOODLANDS PARKWAY Address 4151 WOODLANDS PARKWAY City-State-Zip: PALM HARBOR FL 34685

City-State-Zip: PALM HARBOR FL 34685

Title DIRECTOR

Name COSTELLO, ROBERT

4151 WOODLANDS PARKWAY Address

City-State-Zip: PALM HARBOR FL 34685

I hereby 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 all other like empowered.

SIGNATURE: JUDITH VIGUE

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/30/2017

Date