

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000319

FILED
Mar 10, 2006
Secretary of State

Entity Name: THE LAKEPOINTE AT COUNTRYSIDE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 59-3611716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 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: SD () Delete
Name: HARRISON, JULIE
Address: 3619 COUNTRY POINTE PL
City-St-Zip: PALM HARBOR, FL 34684

Title: TD () Delete
Name: PEPPI, THERESA
Address: 3596 COUNTRY POINTE PL
City-St-Zip: PALM HARBOR, FL 34684

Title: VPD () Delete
Name: WINTER, PEGGY
Address: 3594 COUNTRY POINTE PL
City-St-Zip: PALM HARBOR, FL 34684

Title: PD () Delete
Name: MANNA, VINCENT
Address: 3592 COUNTRY POINTE PL
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: SLAZAS, EUGENE
Address: 3589 COUNTRY POINTE PL
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: HARRISON, JULIE
Address: 3619 COUNTRY POINTE PL
City-St-Zip: PALM HARBOR, FL 34684

Title: VPD (X) Change () Addition
Name: PEPPI, THERESA
Address: 3596 COUNTRY POINTE PL
City-St-Zip: PALM HARBOR, FL 34684

Title: SD (X) Change () Addition
Name: KRISTINA, DEGNAN
Address: 3625 COUNTRY POINTE PL
City-St-Zip: PALM HARBOR, FL 34684

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 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: VINCENT MANNA

PD

03/10/2006

Electronic Signature of Signing Officer or Director

Date