


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90238 036 ****61.25

DOCUMENT # N01000002199 1. Entity Name LUMSDEN POINTE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 409 E COLLEGE AVE RUSKIN, FL 33570			Mailing Address PO BOX 1058 RUSKIN, FL 33575		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02112006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-3718476				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, ELLEN LOU 409 E COLLEGE AVE RUSKIN, FL 33570			7. Name and Address of New Registered Agent 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) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <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	DP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ULRICH, WILLIAM		NAME	<i>O/T Grey Moody</i>	
STREET ADDRESS	1121 SPLIT SILK ST		STREET ADDRESS	<i>1807 Flower Branch</i>	
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP	<i>Valrico, FL 33594</i>	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAGAN, TAYA		NAME	<i>D/S</i>	
STREET ADDRESS	1804 FLAT BRANCH CT		STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, DARREN		NAME	<i>D/VP Williams, DARRELL</i>	
STREET ADDRESS	1116 SWEET BREEZE		STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORNSBY, GAVIN		NAME	<i>D/P</i>	
STREET ADDRESS	1022 SWEET BREEZE		STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<i>O Robert O'Donnell</i>	
STREET ADDRESS			STREET ADDRESS	<i>1905 Winn Arthur</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Valrico, FL 33594</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Gavin Hornsby</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/16/06 (813) 655-1529 Date Daytime Phone #		
<i>GAVIN HORNSBY</i>					