

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 30, 2007 8:00 am
Secretary of State**

04-30-2007 90816 001 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee Is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D/T MOODY, GARY 1807 FLOWER BRANCH VALRICO, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>O/p Mary Bailey</i> <i>1830 Winn Avenue</i> <i>VALRICO, FL. 33594</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S FAGAN, TAYA 1804 FLAT BRANCH CT VALRICO, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>O/S</i> <i>MICHAEL Miller</i> <i>1908 Winn Avenue</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILLIAMS, DARRELL 1116 SWEET BREEZE VALRICO, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>O/S</i> <i>Barry Black</i> <i>1907 Winn Avenue</i> <i>VALRICO, FL. 33594</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P HORNSBY, GAVIN 1022 SWEET BREEZE VALRICO, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>O</i> <i>DONALD DYKES</i> <i>1908 Winn Avenue</i> <i>VALRICO, FL. 33594</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DONNELL, ROBERT 1905 WINN ARTHUR VALRICO, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mary Bailey* **Date:** *4-15-07* **Daytime Phone #:** *(813)645-1569*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR