

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90816 001 ****61.25

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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**

40092000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3718476

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, ELLEN LOU
409 E COLLEGE AVE
RUSKIN, FL 33570**

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

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. ☐

**\$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 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/O
Mary Bailey
1830 Winn Arthur
VALRICO, FL 33594 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/S
FAGAN, TAYA
1804 FLAT BRANCH CT
VALRICO, FL 33594 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/S
MICHAEL Miller
1908 Winn Arthur Dr.
VALRICO, FL 33594 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
WILLIAMS, DARRELL
1116 SWEET BREEZE
VALRICO, FL 33594 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/S
GARY BLANK
1907 Winn Arthur
VALRICO, FL 33594 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
HORNSBY, GAVIN
1022 SWEET BREEZE
VALRICO, FL 33594 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DONALD DYKES
1830 Winn Arthur
VALRICO, FL 33594 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
O'DONNELL, ROBERT
1905 WINN ARTHUR
VALRICO, FL 33594 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary Bailey **Mary Bailey** 4-15-07 (813) 645-1569