

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90026 046 ****61.25

DOCUMENT # N01000007136

1. Entity Name
LAKE SAUNDERS POINTE HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business
1613 LAKE VILLA DRIVE
TAVARES, FL 32778

Mailing Address
1613 LAKE VILLA DRIVE
TAVARES, FL 32778



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3748753

Applied For

Not Applicable

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

FABIAN, AL
1804 LAKE VILLA DRIVE
TAVARES, FL 32778

Name

ROBERT REBERT

Street Address (P.O. Box Number is Not Acceptable)

2732 BROADWALK WAY

City

TAVARES

FL

Zip Code
32778

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, 2008

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	P	☒ Delete
NAME	FABIAN, AL	
STREET ADDRESS	1804 LAKE VILLA DRIVE	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	V	☒ Delete
NAME	NEBERT, ROBERT	
STREET ADDRESS	2732 BROADWALK WAY	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	ST	☒ Delete
NAME	HASSOT, CAROL	
STREET ADDRESS	1745 LAKE VILLA DRIVE	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	D	☒ Delete
NAME	JAYCOT, CINDY	
STREET ADDRESS	2771 CORAL REEF WAY	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	D	☒ Delete
NAME	DEL RIO, ANA	
STREET ADDRESS	2741 BAY LAGOON WAY	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	D	☒ Delete
NAME	BARTLINSKI, MARGARET	
STREET ADDRESS	1649 LAKE VILLA DRIVE	
CITY-ST-ZIP	TAVARES, FL 32778	

TITLE	P	☒ Change ☐ Addition
NAME	ROBERT REBERT	
STREET ADDRESS	2732 BROADWALK WAY	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	VP	☒ Change ☐ Addition
NAME	DAVID SIMS	
STREET ADDRESS	1487 LAKE VILLA DRIVE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	T	☒ Change ☐ Addition
NAME	DEBBIE EVEASON	
STREET ADDRESS	1643 LAKE VILLA DRIVE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	S	☒ Change ☐ Addition
NAME	MARILYN JONES	
STREET ADDRESS	1431 LAKE VILLA DRIVE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	D	☒ Change ☐ Addition
NAME	Sylvia Laramée	
STREET ADDRESS	2490 Bay Lagoon Way	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08

Date

407-314-9546

Daytime Phone #