

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90458 001 \*\*\*\*\*61.25  
05-16-2005 90458 002 \*\*\*\*\*61.25

**66017379**



04282005 Chg-NP CR2E037 (10/03)

4. FEI Number **04-3647542** 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

LADERER, EDWARD H JR.  
2000 EDGEWOOD DRIVE  
SUITE 102  
LAKELAND, FL 33803

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1925 E. Edgewood Drive, Suite 100**  
City **Lakeland** FL Zip Code **33803**

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, 2005**

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 **D** ☐ Delete  
NAME **LADERER, EDWARD H JR.**  
STREET ADDRESS **2000 EDGEWOOD DRIVE STE 103**  
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☒ Change ☐ Addition  
NAME **1925 E. Edgewood Drive Suite 100**  
STREET ADDRESS **Lakeland, FL 33803**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MASTERS, GREGORY A**  
STREET ADDRESS **2000 EDGEWOOD DRIVE STE 103**  
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☒ Change ☐ Addition  
NAME **1925 E. Edgewood Drive Suite 100**  
STREET ADDRESS **Lakeland, FL 33803**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KWAN, SANG HUI**  
STREET ADDRESS **2000 EDGEWOOD DRIVE STE 103**  
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☒ Change ☐ Addition  
NAME **1925 E. Edgewood Drive Suite 100**  
STREET ADDRESS **Lakeland, FL 33803**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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 #

**4/28/05 (863) 667-3553**

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

<b>DOCUMENT #</b> N01000007160	
1. Entity Name VIEW POINTE HOMEOWNERS ASSOCIATION OF POLK COUNTY, INC.	

Principal Place of Business 2000 EDGEWOOD DRIVE SUITE 102 LAKELAND, FL 33803	Mailing Address 2000 EDGEWOOD DRIVE SUITE 102 LAKELAND, FL 33803
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

66017379

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02242005 Chg-NP CR2E037 (10/03)

4. FEI Number 04-3647542	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	
LADERER, EDWARD H JR. 2000 EDGEWOOD DRIVE SUITE 102 LAKELAND, FL 33803	

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)

Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADERER, EDWARD H JR. 2000 EDGEWOOD DRIVE STE 103 LAKELAND, FL 33803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTERS, GREGORY A 2000 EDGEWOOD DRIVE STE 103 LAKELAND, FL 33803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KWAN, SANG HUI 2000 EDGEWOOD DRIVE STE 103 LAKELAND, FL 33803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 (863) 667-3553

Date Daytime Phone #