

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # N02000000546

1. Entity Name

LAKE DOWN POINTE HOMEOWNERS' ASSOCIATION,
INC.



Principal Place of Business

7500 COMMERCE CENTER DR.
ORLANDO FL 32819
US

Mailing Address

7500 COMMERCE CENTER D
ORLANDO FL 32819
US



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

4. FEI Number

33-1085163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

SHEIK, KHURRAM
8507 RUSTIC GATE CT.
ORLANDO FL 32819

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 registrar 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 re-registering)

DATE

FILE NOW: 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SHEIK, KHURRAM	
STREET ADDRESS	8507 RUSTIC GATE CT	
CITY- ST- ZIP	ORLANDO FL 32819	

TITLE	D	<input type="checkbox"/> Delete
NAME	SHEIK, YOUSAF	
STREET ADDRESS	8507 RUSTIC GATE CT.	
CITY- ST- ZIP	ORLANDO FL 32819	

TITLE	D	<input type="checkbox"/> Delete
NAME	SHEIK, HIBA	
STREET ADDRESS	8507 RUSTIC GATE CT.	
CITY- ST- ZIP	ORLANDO FL 32819	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U000000876527	
CITY- ST- ZIP	04/11/08-80077-007 61.25	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		

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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 Section 110, 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:

Khurram Sheik 2/26/08

407-447-5040