

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000546

FILED
Apr 30, 2009
Secretary of State

Entity Name: LAKE DOWN POINTE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

7500 COMMERCE CENTER DR.
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

7500 COMMERCE CENTER D
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 33-1085163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEIK, KHURRAM
8507 RUSTIC GATE CT.
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

SHEIK, KHURRAM
7500 COMMERCE CENTER DRIVE
ORLANDO, FL 32819 US

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.

SIGNATURE: KHURRAM SHEIK

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHEIK, KHURRAM
Address: 8507 RUSTIC GATE CT
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: SHEIK, YOUSAF
Address: 8507 RUSTIC GATE CT.
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: SHEIK, HIBA
Address: 8507 RUSTIC GATE CT.
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S (X) Change () Addition
Name: SHEIK, KHURRAM
Address: 8507 RUSTIC GATE CT
City-St-Zip: ORLANDO, FL 32819

Title: VP (X) Change () Addition
Name: SHEIK, YOUSAF
Address: 8507 RUSTIC GATE CT.
City-St-Zip: ORLANDO, FL 32819

Title: T (X) Change () Addition
Name: SHEIK, HIBA
Address: 8507 RUSTIC GATE CT.
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KHURRAM SHEIK

P, S

04/30/2009

Electronic Signature of Signing Officer or Director

Date