

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90056 041 ****61.25

DOCUMENT # N02000006981					
1. Entity Name THE POINTE ON LAKE DORA HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business ONE PURLIEU PLACE STE 285 WINTER PARK, FL 32792 US			Mailing Address ONE PURLIEU PLACE STE 285 WINTER PARK, FL 32792 US		
2. Principal Place of Business - No P.O. Box # 400 LAKESHORE POINT BLVD		3. Mailing Address PO BOX 1324			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MOUNT DORA FL		City & State MOUNT DORA FL		4. FEI Number 56-2305181	
Zip 32757		Country US		Applied For <input type="checkbox"/> Not Applicable	
Zip 32756		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, SOUTH & MILHAUSEN & CARR, P.A. C/O JEFFREY P. MILHAUSEN, ESQ 2899 LEE RD STE 120 WINTER PARK, FL 32789 <i>SAME AGENT, CHANGED ADDRESS</i>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1000 LEGION PLACE, STE 1200 City ORLANDO FL Zip Code 32801		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PS NAME WIGGINS, CURT JR STREET ADDRESS ONE PURLIEU PLACE, SUITE 285 CITY - ST - ZIP WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete		TITLE PRESIDENT/D NAME JOHN MICHAEL STREET ADDRESS 317 LAKESHORE POINT BLVD CITY - ST - ZIP MT. DORA, FL 32757	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE S/D NAME ED CROWAVER STREET ADDRESS 3010 SORRELL COURT CITY - ST - ZIP FT. LAUDERDALE, FL 33331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE T/D NAME BRUCE WERNER STREET ADDRESS 401 LAKESHORE POINT CITY - ST - ZIP MT. DORA, FL 32757	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Bruce Werner</u> BRUCE WERNER <u>1/22/07</u> <u>352-383-3361</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					