2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006981

FILED Apr 09, 2009 Secretary of State

Entity Name: THE POINTE ON LAKE DORA HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

400 LAKESHORE POINT BLVD 135 W PINEVIEW ST

MOUNT DORA, FL 32757 US ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address: New Mailing Address:

PO BOX 1324 135 W PINEVIEW ST

MOUNT DORA, FL 32756 US ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 56-2305181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLER, SOUTH & MILHAUSEN & CARR, P.A. C/O JEFFREY P. MILHAUSEN, ESQ 1000 LEGION PLACE STE 1200

ORLANDO, FL 32801 US

PRESIDENTIAL GROUP SOUTH, INC. 135 W. PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714 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: ANTHONY GUADAGNINO 04/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: SD (X) Change () Addition Name: DEMATEIS, ANDREA Name: AGNETTI, SUSAN

Name:DEMATEIS, ANDREAName:AGNETTI, SUSANAddress:359 LAKESHORE PT BLVDAddress:132 LANCASTER RD.City-St-Zip:MOUNT DORA, FL 32757 USCity-St-Zip:WALNUT CR., CA 94596 US

Title: SD () Delete Title: PD (X) Change () Addition Name: CAMP, JOSEPH Name: CAMP, JOSEPH

Address: 242 LAKESHORE PT BLVD Address: 242 LAKESHORE PT BLVD City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: MOUNT DORA, FL 32757

Title: TD () Delete Title: () Change () Addition

 Name:
 WERNER, BRÜCE
 Name:

 Address:
 401 LAKESHORE POINT
 Address:

 City-St-Zip:
 MOUNT DORA, FL 32757
 City-St-Zip:

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: JOSEPH CAMP PD 04/09/2009