

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005278

FILED
Mar 19, 2009
Secretary of State

Entity Name: VILLAGE AT LAKE POINTE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 54-2115435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, DANIEL
Address: 2314 WEATHERED WOOD DR
City-St-Zip: LEESBURG, FL 34748

Title: STD () Delete
Name: KREUTZER, ORLANDO
Address: 2218 LAKE POINTE CR
City-St-Zip: LEESBURG, FL 34748

Title: VPD () Delete
Name: SIEGEL, LAWRENCE
Address: 2238 LAKE POINTE DR
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: METHENY, STEVEN
Address: 2217 LAKE POINTE CR
City-St-Zip: LEESBURG, FL 34748

Title: VPD (X) Change () Addition
Name: VALENTINO, PAUL
Address: 2215 LAKE POINTE CR
City-St-Zip: LEESBURG, FL 34748

Title: TSD (X) Change () Addition
Name: GLEASON, BILL
Address: 353 WEATHERED WOOD CT
City-St-Zip: LEESBURG, FL 34748

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: STEVEN METHENY

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date