

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003952

FILED
May 05, 2007
Secretary of State

Entity Name: LAKE POINTE AT TOHO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% LELAND MANAGEMENT
8009 S. ORANGE AVE.
ORLANDO, FL 32809

New Principal Place of Business:

LELAND MANAGEMENT
8009 S. ORANGE AVE.
ORLANDO, FL 32809

Current Mailing Address:

% LELAND MANAGEMENT
8009 S. ORANGE AVE.
ORLANDO, FL 32809

New Mailing Address:

LELAND MANAGEMENT
8009 S. ORANGE AVE.
ORLANDO, FL 32809

FEI Number: 58-2684159 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S. ORANGE AVE.
ORLANDO, FL 32809 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: DP () Delete
Name: DOLAN, ROB
Address: 12278 COLONIAL DRIVE SUITE 700
City-St-Zip: ORLANDO, FL 32828

Title: DV () Delete
Name: HAWKS, CANDICE
Address: 111 N. ORNAGE AVE., SUITE 1040
City-St-Zip: ORLANDO, FL 32801

Title: DST () Delete
Name: GONZALEZ, ROLLIE
Address: 141315 CORPORATE BLVD. SUITE 250
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DOLAN, ROB
Address: 5850 T.G. LEE BLVD, SUITE 210
City-St-Zip: ORLANDO, FL 32822

Title: DV (X) Change () Addition
Name: HAWKS, CANDICE
Address: 11315 CORPORATE BLVD, SUITE 250
City-St-Zip: ORLANDO, FL 32817

Title: DST (X) Change () Addition
Name: GONZALEZ, ROLLIE
Address: 11315 CORPORATE BLVD, SUITE 250
City-St-Zip: ORLANDO, FL 32817

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: ROB DOLAN

DP

05/05/2007

Electronic Signature of Signing Officer or Director

Date