

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 07, 2012
Secretary of State

DOCUMENT# N04000003952

Entity Name: LAKE POINTE AT TOHO HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**221 WALTON HEATH DRIVE
ORLANDO, FL 32828 US**New Principal Place of Business:**1001 N. LAKE DESTINY DR.
STE. 125
MAITAND, FL 32751 US**Current Mailing Address:**221 WALTON HEATH DRIVE
ORLANDO, FL 32828 US**New Mailing Address:**1001 N. LAKE DESTINY DR.
STE. 125
MAITAND, FL 32751 US**FEI Number:** 58-2684159**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:**GREYSTONE MANAGEMENT COMPANY
1001 N. LAKE DESTINY DR.
STE. 125
MAITLAND, FL 32751 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: JANICE ARMSTRONG

06/07/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: FELITTI, LOUIS
Address: 4927 PARKVIEW DRIVE
City-St-Zip: ST. CLOUD, FL 34771 US

Title: DT
Name: HOUSE, MICKEY
Address: 5036 COVEVIEW DRIVE
City-St-Zip: ST. CLOUD, FL 34771 US

Title: DS
Name: MATURA, ELNORA
Address: 4956 PARKVIEW DRIVE
City-St-Zip: ST. CLOUD, FL 34771 US

Title: DVP
Name: LAROSE, CAROL
Address: 5035 COVEVIEW DRIVE
City-St-Zip: ST. CLOUD, FL 34771 US

Title: D
Name: SANTIAGO, LUIS
Address: 4907 PARKVIEW DRIVE
City-St-Zip: ST CLOUD, FL 34771

I hereby 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 all other like empowered.

SIGNATURE: LORI COLLIER

MS

06/07/2012

Electronic Signature of Signing Officer or Director

Date