

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004264

FILED
Apr 30, 2009
Secretary of State

Entity Name: LARGO POINTE HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

13 LARGO WAY
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

13 LARGO WAY
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 20-2389896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, MELISSA TREASUR
13 LARGO WAY
BOYNTON BEACH, FL 33426 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: D () Delete
Name: COX, CHRISTOPHER
Address: 15 LARGO WAY
City-St-Zip: BOYNTON BEACH, FL 33426

Title: P (X) Delete
Name: NAFFKY, CHRISTOPHER
Address: 8 LARGO WAY
City-St-Zip: BOYNTON BEACH, FL 33426

Title: S () Delete
Name: NAFFKY, CHRISTINE
Address: 8 LARGO WAY
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D () Delete
Name: SCHMITT, LINDA
Address: 17 LARGO WAY
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T () Delete
Name: KAPLAN, MELISSA
Address: 18 LARGO WAY
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D () Delete
Name: YONOVER, MICHAEL
Address: 19 LARGO WAY
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: COX, CHRISTOPHER
Address: 15 LARGO WAY
City-St-Zip: BOYNTON BEACH, FL 33426

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PACHECO, DIANE
Address: 4 LARGO WAY
City-St-Zip: BOYNTON BEACH, FL 33426

Title: P (X) Change () Addition
Name: SCHMITT, LINDA
Address: 17 LARGO WAY
City-St-Zip: BOYNTON BEACH, FL 33426

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MELISSA KAPLAN

D

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date