

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004264

**FILED**  
**Apr 27, 2010**  
**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: V  
Name: COX, CHRISTOPHER  
Address: 15 LARGO WAY  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: S  
Name: PACHECO, DIANE  
Address: 4 LARGO WAY  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: P  
Name: SCHMITT, LINDA  
Address: 17 LARGO WAY  
City-St-Zip: BOYNTON BEACH, FL 33426

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

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

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: MELISSA KAPLAN

T

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date