

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008459

FILED
Apr 26, 2007
Secretary of State

Entity Name: LAKEVIEW POINTE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8009 S ORANGE AVE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

8009 S ORANGE AVE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 20-2680040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MGMT
8004 S ORANGE AVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

LELAND MGMT
8009 S ORANGE AVE
ORLANDO, FL 32809 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:

04/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: DOMAIN, JOHN
Address: 8403 S PARK AVE SUITE 670
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: CAMP, JEREMY
Address: 8403 S PARK AVE SUITE 670
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: POTTS, JEREMY
Address: 8403 S PARK AVE SUITE 670
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAMP, JEREMY
Address: 9102 S PARK CENTER LOOP SUITE 200
City-St-Zip: ORLANDO, FL 32819

Title: VPD (X) Change () Addition
Name: COWHERD, BRAD
Address: 9102 S PARK CENTER LOOP SUITE 200
City-St-Zip: ORLANDO, FL 32819

Title: STD (X) Change () Addition
Name: INGLE, JIM
Address: 9102 S PARK CENTER LOOP SUITE 200
City-St-Zip: ORLANDO, FL 32819

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: JEREMY CAMP

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date