

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 20, 2007**  
**Secretary of State**

DOCUMENT# N04000008459

**Entity Name:** LAKEVIEW POINTE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**8009 S ORANGE AVE  
ORLANDO, FL 32809**New Principal Place of Business:**5955 T.G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822**Current Mailing Address:**8009 S ORANGE AVE  
ORLANDO, FL 32809**New Mailing Address:**5955 T. G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822**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  
8009 S ORANGE AVE  
ORLANDO, FL 32809 US**Name and Address of New Registered Agent:**LELAND MGMT  
5955 T. G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822 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: REBECCA FURLOW

08/20/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: STRANGE, ALISON  
Address: 1518 PIER STREET  
City-St-Zip: CLERMONT, FL 34711

Title: VPD (X) Change ( ) Addition  
Name: SACHDEV, NAMRATA  
Address: 1033 N JACK'S LAKE ROAD  
City-St-Zip: CLERMONT, FL 34711

Title: STD (X) Change ( ) Addition  
Name: SULLIVAN, STEPHANIE  
Address: 1566 PIER STREET  
City-St-Zip: CLERMONT, FL 34711

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: REBECCA FURLOW

RA

08/20/2007

Electronic Signature of Signing Officer or Director

Date