

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# N04000010447

Entity Name: WEST POINTE COMMERCE CENTER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6285 14TH ST
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

PO BOX 490821
LEESBURG, FL 347490821

New Mailing Address:

FEI Number: 20-2941944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRSTE, M. MEREDITH
628 SOUTH 14TH STREET
LEESBURG, FL 34748 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: PSTD () Delete
Name: BOYD, MARTIN G
Address: P O BOX 490821
City-St-Zip: LEESBURG, FL 34749

Title: VD () Delete
Name: BOYD, DIANNE W
Address: P O BOX 490821
City-St-Zip: LEESBURG, FL 34749

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DIANNE BOYD

VP

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date