

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90185 036 ****61.25

DOCUMENT # N05000005267	
1. Entity Name JAMES POINTE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1925 E EDGEWOOD DR STE 100 LAKELAND FL 33803	Mailing Address 1925 E EDGEWOOD DR STE 100 LAKELAND FL 33803
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2. Principal Place of Business - No P.O. Box # 8000 E. EDGEWOOD DR.	3. Mailing Address 8000 E. EDGEWOOD DR.
Suite, Apt. #, etc. SUITE 214	Suite, Apt. #, etc. SUITE 214

City & State LAKELAND, FL	City & State LAKELAND, FL
Zip 33803-3048	Zip 33803-3048
Country USA	Country USA

40030000



1st MOORE CR2E037 (10/06)

4. FEI Number 20-3786873	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LADERER, EDWARD H JR 1925 E EDGEWOOD DR STE 100 LAKELAND FL 33803	7. Name and Address of New Registered Agent Name DOMINGA MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 1739 JAMES POINTE DR. City BARTON FL Zip Code 33830
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dominga Martinez
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when non-stating.) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	D LADERER, EDWARD H JR 1925 E EDGEWOOD DR STE 100 LAKELAND FL 33803 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D/P DOMINGA MARTINEZ 1739 JAMES POINTE DR. BARTON, FL 33830 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D HOFFMAN, L K P O BOX 7357 LAKELAND FL 33807 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D/YP ATLEE R. MC CLYMONT 1710 JAMES POINTE DR BARTON, FL 33830 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D REHBERG, JAMES H 6802 SHIMMERING DR LAKELAND FL 33813 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	DISIT CHRISTIE PITTMAN 1745 JAMES POINTE DR BARTON, FL 33830 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dominga Martinez 3-15-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #