

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


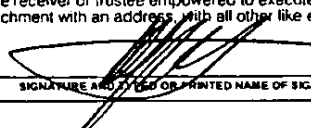
5/11/2007-90024-040-\$61.25-\$61.25

FILED

2007 SEP 13 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*OKS*

<b>DOCUMENT # N06000003112</b>					
1. Entity Name <b>LAKE POINTE VILLAS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1440 N. NOVA ROAD SUITE 305 HOLLY HILL, FL 32117</b>			Mailing Address <b>1440 N. NOVA ROAD SUITE 305 HOLLY HILL, FL 32117</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEL Number <b>204527491</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WEBER, ALFRED R JR. 1440 N. NOVA ROAD SUITE 305 HOLLY HILL, FL 32117</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEBER, ALFRED R JR.	NAME			
STREET ADDRESS	1440 N. NOVA ROAD	STREET ADDRESS			
CITY-ST-ZIP	HOLLY HILL, FL 32117	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARIN, JOHN	NAME			
STREET ADDRESS	1440 N. NOVA ROAD	STREET ADDRESS			
CITY-ST-ZIP	HOLLY HILL, FL 32117	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEBER, PATRICK	NAME			
STREET ADDRESS	1440 N. NOVA ROAD	STREET ADDRESS			
CITY-ST-ZIP	HOLLY HILL, FL 32117	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Acmed Weber		4/30/07 886 285 0889	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					