

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90065 031 ****61.25

DOCUMENT # N07000001503					
1. Entity Name LAKE MCLEOD POINTE PHASE 2 HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 1420 S FLORIDA AVENUE LAKELAND, FL 33803			Mailing Address 1420 S FLORIDA AVENUE LAKELAND, FL 33803		
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. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARPER, PAUL SEAN 1420 S FLORIDA AVENUE LAKELAND, FL 33803			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME HARPER, PAUL SEAN		<input type="checkbox"/> Delete		
STREET ADDRESS 1420 S FLORIDA AVE.	CITY-ST-ZIP LAKELAND, FL 33803		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VPD	NAME HARPER, ROBERT F III		<input type="checkbox"/> Delete		
STREET ADDRESS 1420 S FLORIDA AVE.	CITY-ST-ZIP LAKELAND, FL 33803		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE STD	NAME STERN, PAUL D		<input type="checkbox"/> Delete		
STREET ADDRESS 5902 BRECKENRIDGE PKWY, SUITE B	CITY-ST-ZIP TAMPA, FL 33610		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____				1-15-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	