
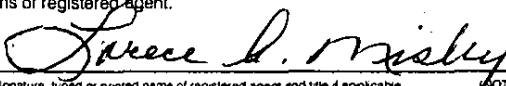
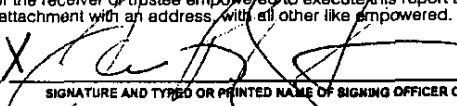


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90017 032 \*\*\*\*61.25

<b>DOCUMENT # N07000002650</b> 1. Entity Name <b>THE LAKEWOOD POINTE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>7523 ALOMA AVE SUITE 101 WINTER PARK, FL 33792</b>			Mailing Address <b>7523 ALOMA AVE SUITE 101 WINTER PARK, FL 33792</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. FEI Number <b>26-0091248</b>				Applied For <input type="checkbox"/> 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>LA REAL ESTATE INC 7523 ALOMA AVE SUITE 101 WINTER PARK, FL 33792</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <b>2/15/08</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P <input type="checkbox"/> Delete <b>FITZSIMONS, JIM</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	100 BRIDGEWOOD CT		NAME		
STREET ADDRESS	WINTER SPRINGS, FL 32708		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete <b>MUNIZZI, LEE</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2009 LONGWOOD LAKE MARY RD SUITE 1015		NAME		
STREET ADDRESS	LONGWOOD, FL 32750		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete <b>PRUNA, SURANIE</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1991 LONGWOOD LAKEMARY RD		NAME		
STREET ADDRESS	LONGWOOD, FL 32750		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		
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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>