

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007577

FILED
May 07, 2009
Secretary of State

Entity Name: LAKE POINTE CHIPLEY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

553 LAKEPOINTE DRIVE
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

553 LAKEPOINTE DRIVE
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COOK, ARCHIE M
553 LAKEPOINTE DRIVE
CHIPLEY, FL 32428 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: D () Delete
Name: KANDY, ANDRE
Address: 3518 15TH ST.
City-St-Zip: PANAMA CITY, FL 32404

Title: PSD () Delete
Name: COOK, ARCHIE M
Address: 851 FALLING WATERS RD.
City-St-Zip: CHIPLEY, FL 32428

Title: VTD () Delete
Name: SMITH, JAMES M
Address: 3065 PX RANCH RD.
City-St-Zip: COTTONDALE, FL 32431

Title: D () Delete
Name: SMITH, TIMOTHY M
Address: 5110 PRESIDENT CIR.
City-St-Zip: MARIANA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ARCHIE M COOK III

PSD

05/07/2009

Electronic Signature of Signing Officer or Director

Date