

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002843

FILED  
Mar 21, 2012  
Secretary of State

**Entity Name:** LAKE ELOISE POINTE HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

522 MAGNOLIA AVE.  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

522 MAGNOLIA AVE.  
AUBURNDALE, FL 33823

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIVEY, JAMES M  
530 HILLSIDE DRIVE  
AUBURNDALE, FL 33823 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: PD  
Name: SPIVEY, JAMES M  
Address: 522 MAGNOLIA AVE.  
City-St-Zip: AUBURNDALE, FL 33823

Title: VD  
Name: SPIVEY, RODNEY S  
Address: 522 MAGNOLIA AVE.  
City-St-Zip: AUBURNDALE, FL 33823

Title: STD  
Name: SPIVEY, JIM C  
Address: 522 MAGNOLIA AVE.  
City-St-Zip: AUBURNDALE, FL 33823

I hereby 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 all other like empowered.

SIGNATURE: JAMES M. SPIVEY

PD

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date