
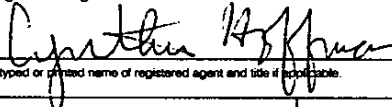
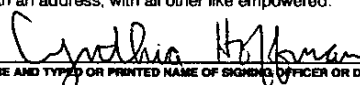


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90052 014 ****61.25

DOCUMENT # N10013					
1. Entity Name LAKE POINSETT HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 5600 ANGLER DR. COCOA, FL 32926 US			Mailing Address 5600 ANGLER DR. COCOA, FL 32926 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number APPLIED FOR				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOFFMAN; CYNTHIA 5600 ANGLER DR. COCOA, FL 32926			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)		DATE 2/5/05	
Filing Fee is \$61.25 Due by May 1, 2005		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	PD <input type="checkbox"/> Delete				
NAME	THRIFT, RICK	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3530 CANAVERAL GROVES	NAME			
CITY-ST-ZIP	COCOA, FL 32926	STREET ADDRESS			
CITY-ST-ZIP	COCOA, FL 32926	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete				
NAME	BALLEW, SALLY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1835 SOUTH ATLANTIC AVE #704	NAME			
CITY-ST-ZIP	COCOA BEACH, FL 32926	STREET ADDRESS			
CITY-ST-ZIP	COCOA BEACH, FL 32926	CITY-ST-ZIP			
TITLE	STD <input checked="" type="checkbox"/> Delete				
NAME	BALLEW, SALLY → Cynthia Hoffman	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	5600 ANGLER DR.	NAME	STD Cynthia Hoffman		
CITY-ST-ZIP	COCOA, FL 32926	STREET ADDRESS	5600 Angler Dr		
CITY-ST-ZIP	COCOA, FL 32926	CITY-ST-ZIP	Cocoa, FL 32926		
TITLE	<input type="checkbox"/> Delete				
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		NAME			
CITY-ST-ZIP		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE					
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		NAME			
CITY-ST-ZIP		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE					
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		NAME			
CITY-ST-ZIP		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Cynthia Hoffman		Date 2/5/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 321-504-7261	



02052005 Chg-NP CR2E037 (10/03)

↑
 There was an error
 here - name should
 be Cynthia Hoffman