


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90029 014 \*\*\*\*61.25

<b>DOCUMENT # N10013</b>					
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
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
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: <u>Cynthia Hoffman</u> <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: <u>01/22/06</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</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>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRIFT, RICK			NAME	Thrift, Rick
STREET ADDRESS	3530 CANAVERAL GROVES			STREET ADDRESS	5620 Angler Dr.
CITY-ST-ZIP	COCOA, FL 32926			CITY-ST-ZIP	Cocoa, FL 32926
TITLE	VD	<input type="checkbox"/> Delete		TITLE	
NAME	BALLEW, SALLY			NAME	
STREET ADDRESS	1835 SOUTH ATLANTIC AVE #704			STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32926			CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	
NAME	HOFFMAN, CYNTHIA			NAME	
STREET ADDRESS	5600 ANGLER DR.			STREET ADDRESS	
CITY-ST-ZIP	COCOA, FL 32926			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
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.					
SIGNATURE: <u>Cynthia Hoffman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>1/22/06</u> Daytime Phone #: <u>321-504-7261</u>	

