


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # N10013
 1. Entity Name
LAKE POINSETT HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
5600 ANGLER DR. **5600 ANGLER DR.**
COCOA, FL 32926 US **COCOA, FL 32926 US**

DO NOT WRITE IN THIS SPACE



03112007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
20-0821197 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HOFFMAN, CYNTHIA
5600 ANGLER DR.
COCOA, FL 32926

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THRIFT, RICK 5620 ANGLER DR COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALLEW, SALLY 1835 SOUTH ATLANTIC AVE #704 COCOA BEACH, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOFFMAN, CYNTHIA 5600 ANGLER DR. COCOA, FL 32926
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 03/27/07-80002-020 61.25

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: Cynthia Hoffman Date: 3/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #