

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 16, 2009
Secretary of State**

DOCUMENT# N10013

Entity Name: LAKE POINSETT HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

5600 ANGLER DR.
COCOA, FL 32926 US

New Principal Place of Business:

Current Mailing Address:

5600 ANGLER DR.
COCOA, FL 32926 US

New Mailing Address:

FEI Number: 20-0821197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, CYNTHIA
5600 ANGLER DR.
COCOA, FL 32926 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 () Delete
Name: THRIFT, RICK
Address: 5620 ANGLER DR
City-St-Zip: COCOA, FL 32926

Title: VD () Delete
Name: BALLEW, SALLY
Address: 1835 SOUTH ATLANTIC AVE #704
City-St-Zip: COCOA BEACH, FL 32926

Title: STD () Delete
Name: HOFFMAN, CYNTHIA
Address: 5600 ANGLER DR.
City-St-Zip: COCOA, FL 32926

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:

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: CYNTHIA HOFFMAN

STD

03/16/2009

Electronic Signature of Signing Officer or Director

_____ Date