

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10013

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**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:**

469 MONTECITO DR  
SATELLITE BEACH, FL 32937 US

**Current Mailing Address:**

5600 ANGLER DR.  
COCOA, FL 32926 US

**New Mailing Address:**

469 MONTECITO DR  
SATELLITE BEACH, FL 32937 US

**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:**

HOFFMAN, CYNTHIA  
469 MONTECITO DR  
SATELLIE BEACH, FL 32937 US

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: \_\_\_\_\_

02/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: THRIFT, RICK  
Address: 5620 ANGLER DR  
City-St-Zip: COCOA, FL 32926

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

Title: STD  
Name: HOFFMAN, CYNTHIA  
Address: 469 MONTECITO DR  
City-St-Zip: SATELLITE BEACH, FL 32937

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: CYNTHIA HOFFMAN

STD

02/17/2010

Electronic Signature of Signing Officer or Director

Date