


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90340 005 \*\*\*\*61.25

DOCUMENT # N11322	
1. Entity Name LAKE POINT LANDING OWNERS ASSOCIATION, INC.	

Principal Place of Business 2600 LUCERNE PARK RD. WINTER HAVEN FL 33881 US	Mailing Address 2600 LUCERNE PARK RD. WINTER HAVEN FL 33881 US
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business 2600 LUCERNE PK RD #532 Suite, Apt. #, etc. #532	3. Mailing Address ← Same
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City & State WINTER HAVEN FL	City & State	4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
Zip 33881	Country USA	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALCARDI, MONA 2600 LUCERNE PARK ROAD #532 WINTER HAVEN FL 33881
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7. Name and Address of New Registered Agent Name: PETERSON, CHARLAINE Street Address (P.O. Box Number is Not Acceptable): 2600 LUCERNE PARK RD #532 City: WINTER HAVEN State: FL Zip Code: 33881
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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: *Charla B Peterson* PRESIDENT *Mon Arcardi* *4/27/05*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: 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
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**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: P <input checked="" type="checkbox"/> Delete	NAME: AICARDI, MONA STREET ADDRESS: 2600 LUCERNE PARK RD. #509 CITY-ST-ZIP: WINTER HAVEN FL 33881
TITLE: VPD <input type="checkbox"/> Delete	NAME: PETERSON, CHARLAINE STREET ADDRESS: 2600 LUCERNE PK RD #510 CITY-ST-ZIP: WINTER HAVEN FL 33881
TITLE: D <input type="checkbox"/> Delete	NAME: GILLETTE, BARBARA STREET ADDRESS: 2600 LUCERNE PK RD #531 CITY-ST-ZIP: WINTER HAVEN FL 33881
TITLE: TD <input checked="" type="checkbox"/> Delete	NAME: HERMAN, CAROLYN STREET ADDRESS: 2600 LUCERNE PARK RD. #519 CITY-ST-ZIP: WINTER HAVEN FL 33881
TITLE: D <input type="checkbox"/> Delete	NAME: GENTILE, FERNE STREET ADDRESS: 2600 LUCERNE PARK RD. #518 CITY-ST-ZIP: WINTER HAVEN FL 33881
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: SEC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: JOAN RICHARDS STREET ADDRESS: 2600 LUCERNE PARK RD #507 CITY-ST-ZIP: WINTER HAVEN FL
TITLE: PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: CHARLAINE PETERSON
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: JANE DENNIE STREET ADDRESS: 2600 LUCERNE PK RD #515 CITY-ST-ZIP: WINTER HAVEN FL
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: 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: *Charla B Peterson* CHARLAINE B PETERSON *4-27-05* *(863) 401-2885*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #