


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90018 042 ****61.25

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



Principal Place of Business Mailing Address
2600 LUCERNE PARK RD.
WINTER HAVEN FL 33881
US 2600 LUCERNE PARK RD.
WINTER HAVEN FL 33881
US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

1st MOORE CR2E037 (10/07)
4. FEI Number Applied For
NO-T APPLICABLE Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PETERSON, CHARLAINE B
2600 LUCERNE PK RD, # 532
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RICHARDS, JOAN	
STREET ADDRESS	2600 LUCERNE PARK RD #532	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	P	<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	HERBERT, JOYCE	
STREET ADDRESS	2600 LUCERNE PK RD, # 527	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POTTS, MARVIN	
STREET ADDRESS	2600 LUCERNE PK RD #502	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL LYONS	
STREET ADDRESS	2600 LUCERNE PK Rd #519	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	FROM PRESIDENT TO DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TO: SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FROM DIRECTOR - NOW TO V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TO: TREASURER	<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 exemptions contained in Section 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: *Charlaire B Peterson* CHARLAINE B. PETERSON 2/26/08 401-2885 (863)