

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11322

FILED
Mar 24, 2009
Secretary of State

Entity Name: LAKE POINT LANDING OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2600 LUCERNE PARK RD.
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

Current Mailing Address:

2600 LUCERNE PARK RD.
WINTER HAVEN, FL 33881 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, CHARLAINE B
2600 LUCERNE PK RD, # 532
WINTER HAVEN, FL 33881 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: P () Delete
Name: LYONS, BILL
Address: 2600 LUCERNE PK RD #519
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: PETERSON, CHARLAINE
Address: 2600 LUCERNE PK RD #510
City-St-Zip: WINTER HAVEN, FL 33881

Title: S () Delete
Name: HERBERT, JOYCE
Address: 2600 LUCERNE PK RD, # 527
City-St-Zip: WINTER HAVEN, FL

Title: VP () Delete
Name: POTTS, MARVIN
Address: 2600 LUCERNE PK RD #502
City-St-Zip: WINTER HAVEN, FL 33881

Title: T () Delete
Name: GENTILE, FERNE
Address: 2600 LUCERNE PARK RD. #518
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PROFFER, ROBERT
Address: 2600 LUCERNE PK RD #526
City-St-Zip: WINTER HAVEN, FL 33881

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HERBERT, JOYCE
Address: 2600 LUCERNE PK RD, # 525
City-St-Zip: WINTER HAVEN, FL

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: CHARLAINE PETERSON

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date