


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N20743 1. Entity Name LAKEPOINTE VILLAS HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 13700 MARSEILLES COURT CLEARWATER, FL 33762 US	Mailing Address 13700 MARSEILLES COURT CLEARWATER, FL 33762 US
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01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2881872	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MEAD, RICHARD 13750 MARSEILLES CT CLEARWATER, FL 33762

**DO NOT WRITE
IN THIS SPACE**

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: _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEAD, RICHARD 13750 MARSEILLES CT CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAT PETTIT 13772 MARSEILLES CT CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRIGATI, DOLORES 13734 MARSEILLES CT CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEST, GREG 13676 LAKE POINT DR CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD MEAD

1/6/2005

Date

Daytime Phone #

727-556-2887