

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90109 004 \*\*\*\*61.25

**DOCUMENT # N20743**

1. Entity Name  
**LAKEPOINTE VILLAS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**13700 MARSEILLES COURT  
CLEARWATER, FL 33762 US**

Mailing Address  
**13700 MARSEILLES COURT  
CLEARWATER, FL 33762 US**

**50013847**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-2881872**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MEAD, RICHARD  
13750 MARSEILLES CT  
CLEARWATER, FL 33762**

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

*Richard Mead*

**RICHARD MEAD**

**4/10/2006**

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, 2006**

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 PD  
NAME MEAD, RICHARD  
STREET ADDRESS 13750 MARSEILLES CT  
CITY-ST-ZIP CLEARWATER, FL 33762 ☐ Delete

TITLE TD  
NAME PAT PETTIT  
STREET ADDRESS 13772 MARSEILLES CT  
CITY-ST-ZIP CLEARWATER, FL 33762 ☐ Delete

TITLE SD  
NAME BRIGATI, DOLORES  
STREET ADDRESS 13734 MARSEILLES CT  
CITY-ST-ZIP CLEARWATER, FL 33762 ☐ Delete

TITLE VD  
NAME BEST, GREG  
STREET ADDRESS 13876 LAKE POINT DR  
CITY-ST-ZIP CLEARWATER, FL 33762 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME Cynthia Riccardi  
STREET ADDRESS 13714 MARSEILLES CT  
CITY-ST-ZIP CLEARWATER FL 33762 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Patricia Pettit* **PATRICIA PETTIT**

**3/11/06**

Date

**727-573-2857**

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR