

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

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**



01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2881872

Applied For
Not Applicable

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**

**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

RICHARD MEAD

1/17/2007

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, 2007**

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
RICCARDI, CYNTHIA
13714 MARSEILLES CT
CLEARWATER, FL 33762**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000629458
02/19/07-80001-023 61.25

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IN THIS SPACE**

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

1/17/07

727-573-2857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #