


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N20743</b> 1. Entity Name <b>LAKEPOINTE VILLAS HOMEOWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>13700 MARSEILLES COURT CLEARWATER, FL 33762 US</b>	Mailing Address <b>13700 MARSEILLES COURT CLEARWATER, FL 33762 US</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01112008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  <b>MEAD, RICHARD 13750 MARSEILLES CT CLEARWATER, FL 33762</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$81.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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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	

<p>U00000819627 02/15/08-80090-020 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.
<b>SIGNATURE:</b>  <b>RICHARD MEAD</b> <b>2/1/2008</b> <b>727-871-1052</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>