

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20743

FILED  
Feb 04, 2009  
Secretary of State

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

**Current Principal Place of Business:**

13700 MARSEILLES COURT  
CLEARWATER, FL 33762 US

**New Principal Place of Business:**

**Current Mailing Address:**

13700 MARSEILLES COURT  
CLEARWATER, FL 33762 US

**New Mailing Address:**

**FEI Number:** 59-2881872

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEAD, RICHARD  
13750 MARSEILLES CT  
CLEARWATER, FL 33762 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: PD ( ) Delete  
Name: MEAD, RICHARD  
Address: 13750 MARSEILLES CT  
City-St-Zip: CLEARWATER, FL 33762

Title: TD ( ) Delete  
Name: PAT PETTIT,  
Address: 13772 MARSEILLES CT  
City-St-Zip: CLEARWATER, FL 33762

Title: SD ( ) Delete  
Name: BRIGATI, DOLORES  
Address: 13734 MARSEILLES CT  
City-St-Zip: CLEARWATER, FL 33762

Title: VD ( ) Delete  
Name: RICCARDI, CYNTHIA  
Address: 13714 MARSEILLES CT  
City-St-Zip: CLEARWATER, FL 33762

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: PATRICIA PETTIT

TD

02/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date