

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20743

FILED  
Apr 12, 2010  
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:**

MEAD, RICHARD  
13700 MARSEILLES CT  
CLEARWATER, FL 33762 US

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:

04/12/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MEAD, RICHARD  
Address: 13700 MARSEILLES CT  
City-St-Zip: CLEARWATER, FL 33762

Title: TD  
Name: ED NUGENT  
Address: 13700 MARSEILLES CT  
City-St-Zip: CLEARWATER, FL 33762

Title: SD  
Name: BRIGATI, DOLORES  
Address: 13700 MARSEILLES CT  
City-St-Zip: CLEARWATER, FL 33762

Title: VD  
Name: RICCARDI, CYNTHIA  
Address: 13700 MARSEILLES CT  
City-St-Zip: CLEARWATER, FL 33762

I hereby 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 all other like empowered.

SIGNATURE: RICHARD MEAD

PD

04/12/2010

Electronic Signature of Signing Officer or Director

Date