

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25251

FILED
Apr 10, 2007
Secretary of State

Entity Name: LAKEPOINTE TOWNHOMES AT BUENAVENTURA LAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2930952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 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: MALDONADO, JENNIE
Address: 38 LAKEPOINTE CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: VPD () Delete
Name: NYE, PAULINE
Address: 122 LAKEPOINTE CIR
City-St-Zip: KISSIMMEE, FL 34743

Title: STD () Delete
Name: DONATO, BARBARA
Address: 238 N QUEENS AVE
City-St-Zip: N MASSAPEQUA, NY 11758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: MALDONADO, JENNIE
Address: 38 LAKEPOINTE CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: PD (X) Change () Addition
Name: NYE, PAULINE
Address: 122 LAKEPOINTE CIR
City-St-Zip: KISSIMMEE, FL 34743

Title: STD (X) Change () Addition
Name: GEE, LEE A
Address: 44 LAKEPOINTE CIR
City-St-Zip: KISSIMMEE, FL 34743

I hereby certify that the information supplied with this filing does not qualify for the 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: PAULINE NYE

PD

04/10/2007

Electronic Signature of Signing Officer or Director

Date