

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90021 024 \*\*\*\*61.25

<b>DOCUMENT # N33412</b> 1. Entity Name <b>LAKEPLACE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1050A ELW PKWY OLDSMAR, FL 34677</b>		Mailing Address <b>1050A ELW PKWY OLDSMAR, FL 34677</b>	
2. Principal Place of Business <b>Scannavino, Inc. 720 Brooker Creek Blvd. #206 Oldsmar, FL 34677</b>			
Suite, Apt. #, etc. <b>720 Brooker Creek Blvd. #206</b>		02212008 Chg-NP CR2E037 (12/06)	
City & State <b>Oldsmar, FL 34677</b>		4. FEI Number <b>59-3019603</b>	
Zip <b>34677</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>SCANNAVINO, DOMINICK 1050A EAST LAKE WOODLANDS PKWY TARPON SPRINGS, FL 34689</b>		7. Name and Address of New Registered Agent Name <b>DOMINICK SCANNAVINO</b> Street <b>Scannavino, Inc.</b> City <b>720 Brooker Creek Blvd. #206</b> <b>Oldsmar, FL 34677</b>	
8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.		Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
<b>Filing Fee is \$61.25 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>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARD, DAVID 524 AUSTIN DRIVE TARPON SPRINGS, FL 34689	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMFSON, CHRISTOPHER 542 AUSTIN DR. TARPON SPRINGS, FL 34689	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROWSEY, GARLAND 550 AUSTIN DR TARPON SPRINGS, FL 34689	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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> <i>Garland Rowsey</i>		<b>2-26-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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