

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90077 043 \*\*\*\*61.25

**DOCUMENT # N38858**

1. Entity Name  
**LAKE DEESON POINTE PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**1035 LAKE DEESON POINTE ROAD  
LAKELAND, FL 33805**

Mailing Address  
**1035 LAKE DEESON POINTE ROAD  
LAKELAND, FL 33805**

**50035033**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2954638**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TIPPEL, MICHELLE  
1035 LAKE DEESON POINTE  
LAKELAND, FL 33805**

7. Name and Address of New Registered Agent

Name **TORY BOMBARD**  
Street Address (P.O. Box Number is Not Acceptable)  
**1031 LAKE DEESON POINTE**  
City **LAKELAND** FL Zip Code **33805**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME HOLADAY, KEVIN  
STREET ADDRESS 1035 LAKE DEESON POINTE  
CITY-ST-ZIP LAKELAND, FL 33805

TITLE D ☐ Delete  
NAME PIRILLO, AMANDA  
STREET ADDRESS 1035 LAKE DEESON POINTE  
CITY-ST-ZIP LAKELAND, FL 33805

TITLE VD ☐ Delete  
NAME HOLLIDAY, ROBERT  
STREET ADDRESS 1035 LAKE DEESON POINTE ROAD  
CITY-ST-ZIP LAKELAND, FL 33805

TITLE D ☐ Delete  
NAME TIPPEL, BRIAN  
STREET ADDRESS 1035 LAKE DEESON POINTE  
CITY-ST-ZIP LAKELAND, FL 33805

TITLE SD ☐ Delete  
NAME BARKER, CASSANDRA  
STREET ADDRESS 1035 LAKE DEESON POINTE  
CITY-ST-ZIP LAKELAND, FL 33805

TITLE TD ☐ Delete  
NAME TIPPEL, MICHELLE  
STREET ADDRESS 1035 LAKE DEESON POINTE  
CITY-ST-ZIP LAKELAND, FL 33805

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME STEPHANIE HOLADAY  
STREET ADDRESS 1035 LAKE DEESON POINTE  
CITY-ST-ZIP LAKELAND, FL 33805

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition  
NAME ELAINE FLETCHER  
STREET ADDRESS 1330 LAKE DEESON POINTE  
CITY-ST-ZIP LAKELAND FL 33805

TITLE TD ☒ Change ☐ Addition  
NAME TORY BOMBARD  
STREET ADDRESS 1031 LAKE DEESON POINTE  
CITY-ST-ZIP LAKELAND, FL 33805

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME SANDY DUNHOW  
STREET ADDRESS 925 LAKE DEESON POINTE  
CITY-ST-ZIP LAKELAND FL 33805

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: **TORY BOMBARD** 4-5-05 863-834-6207  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #