

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90364 019 \*\*\*\*61.25

|  |  |  |  |  |   |
|--|--|--|--|--|---|
| <b>DOCUMENT # N38858</b><br>1. Entity Name<br><b>LAKE DEESON POINTE PROPERTY OWNERS ASSOCIATION, INC.</b>  |  |  |  |  |   |
| Principal Place of Business<br>1035 LAKE DEESON POINTE ROAD<br>LAKE LAND, FL 33805   |  |  | Mailing Address<br>1035 LAKE DEESON POINTE ROAD<br>LAKE LAND, FL 33805   |  |   |
| 2. Principal Place of Business   |  |  | 3. Mailing Address   |  |   |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.  |  |   |
| City & State   |  |  | City & State   |  |   |
| Zip  |  | Country  |  | Zip  |   |
|  |  |  |  | Country  |   |
| 03202006    Chg-NP    CR2E037 (11/05)  |  |  |  |  |   |
| 4. FEI Number<br><b>59-2954638</b>   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | <b>\$8.75 Additional Fee Required</b>                  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>BOMBARD, TORY</b><br><b>1031 LAKE DEESON POINTE</b><br><b>LAKE LAND, FL 33805</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>SCARR, MICHELLE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>910 LAKE DEESON PT.</b><br><b>LAKE LAND, FL 33805</b><br>City <b>FL</b> Zip Code <b>33805</b> |  |   |
| 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<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |  | DATE <b>4-3-06</b>                                     |   |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</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>   |  |  |  |  |   |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>HOLADAY, STEPHANIE<br>1035 LAKE DEESON POINTE<br>LAKE LAND, FL 33805 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | VD<br>HOLADAY, STEPHANIE<br>1035 LAKE DEESON PT.<br>LAKE LAND, FL 33805 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>PIRILLO, AMANDA<br>1035 LAKE DEESON POINTE<br>LAKE LAND, FL 33805     | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | PD<br>PIRILLO, AMANDA<br>1035 LAKE DEESON PT.<br>LAKE LAND, FL 33805    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>FLETCHER, ELAINE<br>1330 LAKE DEESON POINTE<br>LAKE LAND, FL 33805   | <input checked="" type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>BOMBARD, TORY<br>1031 LAKE DEESON POINTE<br>LAKE LAND, FL 33805      | <input checked="" type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | TD<br>SCARR, MICHELLE<br>910 LAKE DEESON PT.<br>LAKE LAND, FL 33805     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>BARKER, CASSANDRA<br>1035 LAKE DEESON POINTE<br>LAKE LAND, FL 33805  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DUNCHOW, SANDY<br>925 LAKE DEESON POINTE<br>LAKE LAND, FL 33805       | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         |   |
| 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. |  |  |  |  |   |
| SIGNATURE:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |  | Date <b>4-3-06</b> Daytime Phone # <b>863-258-6699</b> |   |