

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43242

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: ISLAND POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

225 S. WESTMONTE DRIVE  
#3310  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 162147  
ALTAMONTE SPRINGS, FL 32716

**New Mailing Address:**

FEI Number: 59-3110636      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOMACK, ELLEN R  
225 S. WESTMONTE DRIVE  
#3310  
ALTAMONTE SPRINGS, FL 32714 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: PENVOSE, SCOTT  
Address: 1026 ISLAND POINTE DR  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD ( ) Delete  
Name: BALLENTINE, ROB  
Address: 1036 ISLAND POINT DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD ( ) Delete  
Name: CANTRELL, JANET  
Address: 1130 CHASE DR  
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD ( ) Delete  
Name: JONES, KEITH  
Address: 975 SADIE LANE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: KOPPINGER, ROSEANNA K  
Address: 1080 CHASE DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELLEN R. WOMACK

A

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date