

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90205 015 ****61.25

DOCUMENT # N47506 1. Entity Name LAKE POINTE VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 324 LAKE ERIE LANE MULBERRY, FL 33860 US 218 LAKE HURON DR. MULBERRY, FL 33860			Mailing Address 374 LAKE ERIE LANE MULBERRY, FL 33860 US 218 LAKE HURON DR. MULBERRY, FL 33860		
2. Principal Place of Business - No P.O. Box # 218 LAKE HURON DR			3. Mailing Address 218 LAKE HURON DR		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MULBERRY FL		City & State MULBERRY FL		4. FEI Number 65-0313385	
Zip 33860		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLEASON, BERNIE- 374 LAKE ERIE LANE MULBERRY, FL 33860			7. Name and Address of New Registered Agent Name KAPLAN, ANDREW Street Address (P.O. Box Number is Not Acceptable) 218 LAKE HURON DR. City MULBERRY FL Zip Code 33860		
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 <u><i>Andrew Kaplan, Treasurer</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>4/26/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLEASON, BERNIE 374 LAKE ERIE LANE MULBERRY, FL 33860	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAPLAN, ANDREW 218 LAKE HURON DR. MULBERRY, FL 33860	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, MYRON 370 LAKE ERIE LANE MULBERRY, FL 33860	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HACHONRAETHER, CAROL 133 LAKE MICHIGAN DR MULBERRY, FL 33860	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHUMACHER, BILL 352 LAKE HURON DR MULBERRY, FL 33860	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKINS, RUSSELL 296 LAKE ERIE DR MULBERRY, FL 33860	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PLYTER, ESTER 146 LAKE MICHIGAN DR MULBERRY, FL 33860	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLIFFORD, JOANN 381 LAKE ORIO LANE MULBERRY, FL 33860	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKLES, BOB 287 LAKE ERIE DR MULBERRY, FL 33860	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUCKLES, BOB 287 LAKE ERIE DR MULBERRY, FL 33860	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, FRANK 101 LAKE POINTE DR MULBERRY, FL 33860	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BETH 432 LAKE SUPERIOR DR MULBERRY, FL 33860	<input type="checkbox"/> Change <input checked="" 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.					
SIGNATURE: <u><i>Andrew Kaplan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4/26/07</u> 863 8699609 <small>Date Daytime Phone #</small>	

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ADDITON

EXP 11

ATTACHMENT

40086362



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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04252007 Chg-NP CR2E037 (12/06)

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Due by May 1, 2007

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Make check payable to
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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #