## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 16, 2008 8:00 am Secretary of State

ANNUAL REPORT					Corretary of State		
DOCUMENT # N47506				' <b>Z</b>	Secretary of State		
1. Entity Name LAKE POINTE VILLAGE HOMEOWNERS ASSOCIATION, INC.					1-10-2008 90010 003	01.23	
218 LAKE HURON DR 21		Mailing Address 218 LAKE HURON DR MULBERRY, FL 33860 US					
299 WAKE ERIC DR		3. Mailing Address 299 LAKE FRIE DR.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP CR2E037 (1	12/06)	
City & State Mulherry Fl 33860		City & State  Mu/beree	City & State  Mulberry F1		35	Applied For Not Applicable	
Zip 3384	Country USA	33860	Country USA	5. Certificate of S	tatus Desired	75 Additional Required	
	6. Name and Address of Current F	Registered Agent		7. Name and Add	Iress of New Registered Agen	ıt	
KAPLAN, ANDREW 218 LAKE HURON DR MULBERRY, FL 33860			6	Name GERALDINE (Whiteman)  Street Address (P.O. Box Number is Not Acceptable)  299 LAKE FRIE DR.			
			City	1berry FL 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 GRANDING Whiteman GCRALDING Whiteman 1-15-08 Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
SIGNATURE(	Anglaine Whitem Alignature: typed or printed name of registered agent a				/-/5 -	-08	
SIGNATURE (	Filling Fee is \$81.25 Due by May 1, 2008		Registered Agent signature re paign Financing		/-/5 - DATE  Make check pay Florida Departmen	yable to	
SIGNATURE (	Filling Fee is \$81.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Camp Trust Fund Col	Registered Agent signature repaign Financing	quired when reinstating) \$5.00 May Be Added to Fees	DATE  Make check pay	yable to nt of State	
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CITY-ST-ZIP MULBERRY, FL 33860

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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: Juralding Whiteman GERALDINE Whiteman 1-15-08 (863) 425-1164

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date Desyline Proof #