



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-16-2008 90016 005 ****61.25

DOCUMENT # N47506 1. Entity Name LAKE POINTE VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 218 LAKE HURON DR MULBERRY, FL 33860 US			Mailing Address 218 LAKE HURON DR MULBERRY, FL 33860 US		
2. Principal Place of Business - No P.O. Box # 299 LAKE ERIE DR		3. Mailing Address 299 LAKE ERIE DR.			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____		01122008 Chg-NP CR2E037 (12/06)	
City & State Mulberry, FL 33860		City & State Mulberry, FL		4. FEI Number 65-0313385	
Zip 33860		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAPLAN, ANDREW 218 LAKE HURON DR MULBERRY, FL 33860			7. Name and Address of New Registered Agent Name GERALDINE Whiteman Street Address (P.O. Box Number is Not Acceptable) 299 LAKE ERIE 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>Geraldine Whiteman</i></u> GERALDINE Whiteman <u>1-15-08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 KAPLAN, ANDREW 218 LAKE HURON DR MULBERRY, FL 33860	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Geraldine Whiteman 299 LAKE ERIE DR. Mulberry, FL 33860	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, MYRON 370 LAKE ERIE LANE MULBERRY, FL 33860	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Thomas Stahr 172 LAKE Michigan DR. Mulberry, FL 33860	<input type="checkbox"/> Change <input 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 Charles Sheehan 119 LAKE Pointe DR. Mulberry, FL 33860	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLIFFORD, JOANN 388 LAKE ERIE LN MULBERRY, FL 33860	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jack Richards 107 LAKE Pointe DR. Mulberry, FL 33860	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUCKLES, BOB 287 LAKE ERIE DR MULBERRY, FL 33860	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James McKennie 314 LAKE ERIE DR Mulberry, FL 33860	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BETH 432 LAKE SUPERIOR DR MULBERRY, FL 33860	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wayne Packard 127 LAKE Michigan DR. Mulberry, FL 33860	<input type="checkbox"/> Change <input 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>Geraldine Whiteman</i></u> GERALDINE Whiteman <u>1-15-08</u> <u>(863) 425-1164</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					