

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48173

FILED
Jan 29, 2009
Secretary of State

Entity Name: LAKEWOOD POINTE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

LAKEWOOD POINTE ESTATES
LAKE POINTE DRIVE
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4712
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-3180117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSTACHIO, JOSEPH A PRES
112LAKE POINTE DRIVE
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

SMITH, HAROLD F PRES
168 LAKE POINTE DRIVE
SANTA ROSA BEACH, FL 32459 US

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: HAROLD SMITH

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, HAROLD F
Address: 168 LAKE POINTE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: D () Delete
Name: PICKLE, CATHY
Address: 39 LAKE POINTE DR.
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: TD () Delete
Name: MARTINEZ, HILDA
Address: 82 LK POINTE DR.
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: D () Delete
Name: MUSTACHIO, M. ELIZABETH
Address: 112 LK PT DR
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: D () Delete
Name: WRIGHT, CHARLOTTE
Address: 49 LAKE POINTE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: KRASKA, BEVERLY
Address: 118 LAKE POINTE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: D (X) Change () Addition
Name: MUSTACHIO, M. ELIZABETH
Address: 112 LAKE POINTE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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

I hereby certify that the information supplied with this filing does not qualify 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: BEVERLY KRASKA

TD

01/29/2009

Electronic Signature of Signing Officer or Director

Date