

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001198

FILED
Apr 05, 2004
Secretary of State**Entity Name:** LAKE POINTE AT THE SUMMIT HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2296 KNOLLWOOD DR
LEESBURG, FL 34748 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 895343
LEESBURG, FL 34789 US**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHUL, LOIS G
2296 KNOLLWOOD DR
LEESBURG, FL 34748 US**Name and Address of New Registered Agent:**POTTER, KEITH G
2298 KNOLLWOOD DRIVE
LEESBURG, FL 34748 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: KEITH POTTER

04/05/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D (X) Delete
Name: LIGHT, DELMAR
Address: 16600 SE 95TH CT
City-St-Zip: SUMMERFIELD, FLTitle: TD () Delete
Name: KLIPPEL, RALPH
Address: 2291 LAKE POINTE CIRCLE
City-St-Zip: LEESBURG, FL 34748Title: PD () Delete
Name: SCHUL, LOIS
Address: 2296 KNOLLWOOD DR
City-St-Zip: LEESBURG, FL 34748Title: VPD () Delete
Name: WHITE, TERESA
Address: 2290 KNOLLWOOD DR
City-St-Zip: LEESBURG, FL 34748Title: SD () Delete
Name: BECK, PAMELA
Address: 2291 KNOLLWOOD DR
City-St-Zip: LEESBURG, FL 34748**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: PD (X) Change () Addition
Name: POTTER, KEITH
Address: 2298 KNOLLWOOD DR
City-St-Zip: LEESBURG, FL 34748Title: VPD (X) Change () Addition
Name: WHITE, JESSE
Address: 2287 LAKE POINTE CIRCLE
City-St-Zip: LEESBURG, FL 34748Title: () 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 Section 119.07(3)(i), 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: KEITH POTTER

PD

04/05/2004

Electronic Signature of Signing Officer or Director

Date