

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001198

FILED  
Jul 23, 2007  
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:**

2288 LAKE POINTE CIRCLE  
LEESBURG, FL 34748 US

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WIENER, K HOWARD  
2288 LAKE POINTE CIRCLE  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: WIENER, HOWARD  
Address: 2288 LAKE POINTE CIRCLE  
City-St-Zip: LEESBURG, FL 34748

Title: SD ( ) Delete  
Name: LAFLER, KELLY  
Address: 2276 KNOLLWOOD DR  
City-St-Zip: LEESBURG, FL 34748

Title: PD ( ) Delete  
Name: WHITE, JESSE  
Address: 2287 LAKE POINTE CIRCLE  
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete  
Name: BRAUN, MICHAEL  
Address: 2302 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: K HOWARD WIENER

TREA

07/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date