2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001198

FILED Jan 12, 2008 Secretary of State

Entity Name: LAKE POINTE AT THE SUMMIT HOMEOWNERS ASSOCIATION, INC.

urrent P	rincipal Place	of Business:	New Principal Place	e of Busiliess.
	E POINTE CIRC RG, FL 34748	CLE US		
urrent N	lailing Addres	s:	New Mailing Addres	ss:
O BOX 8 EESBUR	95343 CG, FL 34789	US		
El Number	:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
lame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
288 LAKE EESBUR	K HOWARD E POINTE CIRC RG, FL 34748	US		
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
	e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
n the State	e of Florida. RE:	submits this statement for the particles in the particles in Signature of Registered Agr		ed office or registered agent, or both, Date
n the State	e of Florida. RE:	ic Signature of Registered Ag	ent	
n the State	e of Florida. RE: Electron S AND DIREC	ic Signature of Registered Ago FORS: Delete ARD NTE CIRCLE	ent	Date
n the State SIGNATUI DFFICER: itle: ame: ddress:	e of Florida. RE: Electron S AND DIREC TD () WIENER, HOW. 2288 LAKE POI LEESBURG, FL	ic Signature of Registered Agr FORS: Delete ARD NTE CIRCLE 34748 Delete	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR
n the State PFFICER ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	e of Florida. RE: Electron S AND DIRECTON TD () WIENER, HOW, 2288 LAKE POI LEESBURG, FL SD () LAFLER, KELLY 2276 KNOLLWG LEESBURG, FL	ic Signature of Registered Agr FORS: Delete ARD NTE CIRCLE 34748 Delete CODD DR 34748 Delete NTE CIRCLE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR () Change () Addition

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 01/12/2008