

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001198

FILED
Apr 03, 2009
Secretary of State

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

Current Principal Place of Business:

2288 LAKE POINTE CIRCLE
LEESBURG, FL 34748 US

New Principal Place of Business:

2291 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 ()**

Name and Address of Current Registered Agent:

WIENER, K HOWARD
2288 LAKE POINTE CIRCLE
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

KLIPPEL, RALPH
2291 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: RALPH KLIPPEL

04/03/2009

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 (X) Delete
Name: BRAUN, MICHAEL
Address: 2302 KNOLLWOOD DR
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: KLIPPEL, RALPH H
Address: 2291 LAKE POINTE CIRCLE
City-St-Zip: LEESBURG, FL 34748

Title: SD (X) Change () Addition
Name: SCHUL, LOIS
Address: 2296 KNOLLWOOD DR
City-St-Zip: LEESBURG, FL 34748

Title: PD (X) Change () Addition
Name: TEAGUE, GARY
Address: 2306 QUEEN PALM COURT
City-St-Zip: LEESBURG, FL 34748

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: RALPH KLIPPEL

TD

04/03/2009

Electronic Signature of Signing Officer or Director

Date