


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90481 010 ****61.25

DOCUMENT # N94000001831					
1. Entity Name VILLAS AT LAKEPOINTE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 13548 LAKEPOINT DR S CLEARWATER, FL 33762-2289 US			Mailing Address 13548 LAKEPOINT DR S CLEARWATER, FL 33762-2289 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3240649	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent:			7. Name and Address of New Registered Agent:		
KURTZ, PHIL 13556 LAKEPOINTE DR SOUTH CLEARWATER, FL 33762			Name <u>Phil Kurtz</u> Street Address (P.O. Box Number is Not Acceptable) <u>13556 LAKEPOINTE DR. S.</u> City <u>CLEARWATER</u> <u>FL</u> Zip Code <u>33762</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Phil Kurtz</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KURTZ, PHIL 13556 LAKEPOINTE DRIVE S. CLEARWATER, FL 33762	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STELBASKY, JIM 13590 LAKEPOINTE DR SOUTH CLEARWATER, FL 33762	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OWENS, BOB 13576 LAKEPOINTE DRIVE S. CLEARWATER, FL 33762	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROBERGE, JUDY 13632 LAKEPOINTE DRIVE S. CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BRODERICK, JANE 13552 LAKEPOINTE DR SOUTH CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STRITE, NANCY 13554 LAKEPOINTE DR. S. CLEARWATER FL 33762	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JIM STELBASKY 13590 LAKEPOINTE DR. S. CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STRITE, NANCY 13554 LAKEPOINTE DR. S. CLEARWATER FL 33762	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>James R. Stelbasky</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>4/27/07</u> Daytime Phone # <u>727-561-7658</u>					