2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N94000001831

Entity Name: VILLAS AT LAKEPOINTE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

13548 LAKEPOINT DR S
CLEARWATER, FL 337622289 US

New Principal Place of Business:

Current Mailing Address:

13548 LAKEPOINT DR S
CLEARWATER, FL 337622289 US

New Mailing Address:

FEI Number: 59-3240649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KURTZ, PHIL
13556 LAKEPOINTE DR SOUTH
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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:	DP	( ) Delete
Name:	KURTZ, PHIL	
Address:	13556 LAKEPOINTE DRIVE S.	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	D	( ) Delete
Name:	STELBASKY, JIM	
Address:	13590 LAKEPOINTE DR SOUTH	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	D	( ) Delete
Name:	OWENS, BOB	
Address:	13576 LAKEPOINTE DRIVE S.	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	S	( ) Delete
Name:	STRITE, NANCY	
Address:	13554 LAKE POINTE DR. S	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	T	( ) Delete
Name:	STELBASKY, JIM	
Address:	13590 LAKE POINTE DR. S	
City-St-Zip:	CLEARWATER, FL 33762	

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:	
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: JIM STELBASKY D/T 04/23/2008

Electronic Signature of Signing Officer or Director — Date