DOCUI 1. Entity Name		004294	ی ست همین	Sec	FILED 702, 2002 8:00 am retary of State 8-2002 91692 042 ****61.25	
LAKE PO	INTE TOWNHOME HOMEO	VNERS ASSOCIATION,	ن INC			
Principal Place of Business 8500 PEBBLE LAKE CT		Mailing Address 18530 PEBBLE LAKE CT	•			
AMPA FL 3364	17	TAMPA FL 33647	,		AN ARAN BONA BONA BONA BONA BONA BANA BANA BA	
	oce of Business Unite Townhome '	3. Mailing Address P.J. Box 498 Suite, Apt. #, etc.	113		DO NOT WRITE IN THIS SPACE	
City & State	L	City & State		4. FEI Number 58	Applied For Not Applicable	
364?	Country USA  6. Name and Address of Current	33647 Registered Agent	Country USA	Certificate of St.     Name and Add	atus Desired \$8.75 Additional Fee Required	
BRANT, JA 18530 PEE TAMPA FL	IBLE LAKE CT	سرائة بنو القدار وستوسدان ال	Name 1e Street Addu	SSDut iss (P.O. Box Mymber is) DX FI	Not Acquilible Debble Laker 1	
	named entity submits this statement for	or the purpose of changing its r	City 23	LOUS Tam	ρΑ FL <sup>Zjo Code</sup> γγ the state of Fiorida.	
IGNĀTURE ,	Signature, typed or printed name of registered agen	A Tessi	Projection of Applications of	A A Cuired when reinstating)	6/21/02 DATE	
_ <del></del>	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	palgn Financing	\$5.00 May Be Added to Fees	Make Check Payable to Department of State	
D.	OFFICERS AND D	RECTORS	11.		ES TO OFFICERS AND DIRECTORS IN 10	
TLE AME Treet adoress TY-ST-ZIP	D BRANT, JAMES E 17568 FAIRMEADOW DRIVE TAMPA FL 33647	Delete		Uebster, 1522 Pebl TampA, F	ble LAKE CAT	
ile IME Reet address IY-ST-ZIP	D DINICOLA, DOMINICK 17568 FAIRMEADOW DRIVE TAMPA FL 33647	Deleta	NAME STREET ADDRESS CITY-ST-ZIP	Jubra, Te 8512 Pebl Tampa, E	1 33647 Theasure	
TLE.  IME  REET ADDRESS  TY-ST-ZIP	D	- Beide	NAME CO	8532 Peb	BIE CAKECA  1 33647 Sucretary	
ILE IME REET ADDRESS IY-51-71P	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	• •	☐ Change ☐ Addition	
TLE IME REET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TLE AME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the cate	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	Delete  h this filling does not qualify for is true and accurate and that movement to secure this report is	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	n Section 119.07(3)(i), Flo the same legal effect as i 617, Florida Statutes; an	·	