# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 16, 2004 8:00 am**
**Secretary of State**
02-16-2004 90057 001 ****61.25

DOCUMENT # N98000004294

1. Entity Name

LAKE POINTE TOWNHOME HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 47813<br>TAMPA FL 33647 | P.O. BOX 47813<br>TAMPA FL 33647 |

MOORE CR2E037 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 13309 WINDING OAK CT | 15009 N. FLORIDA AVE |
| Suite, Apt. #, etc.: B | Suite, Apt. #, etc.: PMB 241 |
| City & State: TAMPA FLORIDA | City & State: TAMPA FLORIDA |
| Zip: 33612 Country: US | Zip: 33613 Country: US |

4. FEI Number 59-3544647 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CONDOMINIUM ALLIANCE MANAGEMENT CORPORATIO
13309 WINDING OAK CT., STE "B"
TAMPA FL 33612

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Raymond J. Cronin RAYMOND J. CRONIN 2/4/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | PD<br>WEBSTER, CAROL<br>18522 PEBBLE LAKE CRT<br>TAMPA FL 33647 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>DUBRA, TESS<br>18512 PEBBLE LAKE CRT<br>TAMPA FL 33647 | ☒ Delete | TD<br>KERRY MONISKY<br>18501 PEBBLE LAKE CT<br>TAMPA, FL. 33647 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CARTER, LESLIE<br>18532 PBBLE LAKE CRT<br>TAMPA FL 33647 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Raymond J. Cronin 2/4/04 8139356633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #