

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90046 021 \*\*\*\*61.25

<b>DOCUMENT # N98000004294</b> 1. Entity Name LAKE POINTE TOWNHOME HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 13309 WINDING OAK CT B TAMPA, FL 33612			Mailing Address 15009 N FLORIDA AVE PMB 241 TAMPA, FL 33613		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>218 E. BEARSS AVE</b>  Suite, Apt. #, etc. <b>PMB 241</b>			
City & State  		City & State <b>Tampa FL</b>		4. FEI Number <b>59-3544647</b>	
Zip  	Country  	Zip <b>33613-1625</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CONDOMINIUM ALLIANCE MANAGEMENT CORPORATIO</b> <b>13309 WINDING OAK CT., STE "B"</b> <b>TAMPA, FL 33612</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>	
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.  <div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE <u><i>Raymond J. Chen</i></u>  <small>Signature, typed or printed name of registered agent and title, if applicable.</small> </div> <div> <u>JANUARY 14, 2005</u>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>WEBSTER, CAROL</b> <b>18522 PEBBLE LAKE CRT</b> <b>TAMPA, FL 33647</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>MONISKY, KERRY</b> <b>18501 PEBBLE LAKE CT</b> <b>TAMPA, FL 33647</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>CARTER, LESLIE</b> <b>18532 PEBBLE LAKE CRT</b> <b>TAMPA, FL 33647</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another line empowered.					
SIGNATURE: <u><i>Raymond J. Chen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>JANUARY 14 2005</u> <small>Date</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			813 935 6633 <small>Daytime Phone #</small>		