


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90181 011 \*\*\*\*61.25

<b>DOCUMENT # N98000004294</b>	
1. Entity Name <b>LAKE POINTE TOWNHOME HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>13309 WINDING OAK CT B TAMPA, FL 33612</b>	Mailing Address <b>218 E BEARSS AVE PMB 241 TAMPA, FL 33613</b>
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40070070



2. Principal Place of Business <b>218 E. BEARSS AVE</b>	3. Mailing Address
Suite, Apt. #, etc. <b>#241</b>	Suite, Apt. #, etc.

04252006 Chg-NP CR2E037 (11/05)

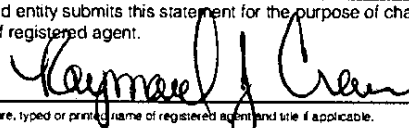
City & State <b>TAMPA FL</b>	City & State
Zip <b>33613</b>	Country <b>USA</b>

4. FEI Number <b>59-3544647</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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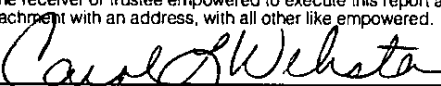
6. Name and Address of Current Registered Agent <b>CONDOMINIUM ALLIANCE MANAGEMENT CORPORATIO 13309 WINDING OAK CT., STE "B" TAMPA, FL 33612</b>	
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7. Name and Address of New Registered Agent Name <b>CONDOMINIUM ALLIANCE MNGT. CORP</b> Street Address (P.O. Box Number is Not Acceptable) <b>218 E. BEARSS AVE</b> <b>#241</b> City <b>TAMPA</b> FL Zip Code <b>33613</b>	
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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  Signature, typed or printed name of registered agent and title if applicable.	<b>PRESIDENT</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>4/25/06</b>

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBSTER, CAROL 18522 PEBBLE LAKE CRT TAMPA, FL 33647 <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	SD CARTER, LESLIE 18532 PEBBLE LAKE CRT TAMPA, FL 33647 <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	TD CAMERON, TERESA 18505 PEBBLE LK CT TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARIA ELENA VETRANO 18508 PEBBLE LAKE CT TAMPA FL 33647 <input type="checkbox"/> Change <input checked="" 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
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>4-28-06</b> <b>813-994-1455</b> Date Daytime Phone #