## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000004294

**FILED** Feb 12, 2009 Secretary of State

Entity Name: LAKE POINTE TOWNHOME HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

104 E. FOWLER AVE SUITE 190 TAMPA, FL 33612

**Current Mailing Address: New Mailing Address:** 

P.O BOX 10214 TAMPA, FL 33679

FEI Number: 59-3544647 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONDOMINIUM ALLIANCE MNGT CORP 218 E BEARASS AVE STE 241 TAMPA, FL 33613

FRANK FRISCIA 5550 W EXECUTIVE DR SUITE 250 TAMPA, FL 33609 US

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: FRANK FRISCIA 02/12/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

() Delete WEBSTER, CAROL WEBSTER, CAROL Name: Name: 18522 PEBBLE LAKE CRT Address: Address:

PO BOX 10217 City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33679

Title: () Delete Title: (X) Change ( ) Addition WESTBROOK, DIANE Name: Name: WESTBROOK, DIANE

Address: 18528 PEBBLE LAKE CT Address: PO BOX 10217 City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: () Delete Title: (X) Change ( ) Addition

VETRANO, MARIA E Name: VETRANO, MARIA E Name: 18508 PEBBLE LAKE CT Address: Address: PO OX 10217 City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33679

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: CAROL WEBSTER Ρ 02/12/2009