2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

ess, with all other like empowered.

RE REQUIRED

Mar 12, 2001 8:00 am³ Secretary of State DOCUMENT # N9900001975 1. Entity Name LOUISA POINTE HOMEOWNER'S ASSOCIATION, INC. 03-12-2001 90506 028 ****61.25 Principal Place of Business Mailing Address 1135 EAST AVENUE 1135 EAST AVENUE CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0889816 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) LADD, DALE 1135 EAST AVENUE CLERMONT FL 34711 Zip Code Fl 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. SIGNATURE Signature, typed or p DATE inted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE TITLE ☐ Addition □ Delete LADD, DALE NAME NAME STREET ADDRESS 1135 EAST AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLERMONT FL 34711** Đ TITLE ☐ Delete TITLE ☐ Change Addition LADD, DARRYL NAME NAME STREET ADDRESS 1135 EAST AVENUE STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE OSWALT, R E NAME NAME 1135 EAST AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trusten empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED