


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

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90553 008 ****61.25

DOCUMENT # N99000001975


1. Entity Name
LOUISA POINTE HOMEOWNER'S ASSOCIATION, INC.



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
9934 Crenshaw Circle **9934 Crenshaw Circle**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Clermont, FL **Clermont, FL**
 Zip Country Zip Country
34711 **Lake** **34711** **Lake**



MOORE CR2E037 (11/03)

4. FEI Number Applied For
65-0889816 Not Applicable

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

6. Name and Address of Current Registered Agent
LADD, DALE
1135 EAST AVENUE
CLERMONT FL 34711

7. Name and Address of New Registered Agent
 Name **Sandra O'Dowd**
 Street Address (P.O. Box Number is Not Acceptable)
9629 Saragossa St.
 City **Clermont** **FL** Zip Code **34711**

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 **Sandra O'Dowd** **Sandra O'Dowd** **4/23/04**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LADD, DALE 1135 EAST AVENUE CLERMONT FL 34711 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADD, DARRYL 1135 EAST AVENUE CLERMONT FL 34711 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSWALT, R E 1135 EAST AVENUE CLERMONT FL 34711 <input checked="" type="checkbox"/> Delete
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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael Conley 9834 Crenshaw Circle Clermont FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Bradley Dorr 10010 Crenshaw Circle Clermont, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Stephen Romine 9934 Crenshaw Circle Clermont FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sandra O'Dowd 9629 Saragossa St. Clermont FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director William Caldecott 14113 Coosa Court Clermont, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: **Sandra O'Dowd** **Sandra O'Dowd** **4/23/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #