


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90004 017 ****61.25

DOCUMENT # N99000001975

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



Principal Place of Business
 3361 W. VINE ST., STE. 208
 KISSIMMEE, FL 34741

Mailing Address
 3361 W. VINE ST., STE. 208
 KISSIMMEE, FL 34741

50026595



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07312006 Chg-NP CR2E037 (4/06)

City & State
 Zip Country

4. FEI Number
 65-0889816

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 FLORIDA ASSOCIATION MANAGEMENT, INC.
 3361 W. VINE ST., STE. 208
 KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 *Nellie Boyd, LCAM agent* DATE 7/31/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 2006

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 | P | <input checked="" type="checkbox"/> Delete |
| NAME | ROMINE, STEPHEN | |
| STREET ADDRESS | 4327 S. HIGHWAY 27 #314 | |
| CITY-ST-ZIP | CLERMONT, FL 34711 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | DORR, BRADLEY | |
| STREET ADDRESS | 4327 S. HIGHWAY 27 #314 | |
| CITY-ST-ZIP | CLERMONT, FL 34711 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | MARKHAM, LUKE | |
| STREET ADDRESS | 4327 S. HIGHWAY 27 #314 | |
| CITY-ST-ZIP | CLERMONT, FL 34711 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | LAMB, CINDY | |
| STREET ADDRESS | 4327 S. HIGHWAY 27 #314 | |
| CITY-ST-ZIP | CLERMONT, FL 34711 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | EASON, JOHNNIE | |
| STREET ADDRESS | 4327 S. HIGHWAY 27 #314 | |
| CITY-ST-ZIP | CLERMONT, FL 34711 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------|--|
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lacey, Leonard | |
| STREET ADDRESS | 9851 Crenshaw Cir | |
| CITY-ST-ZIP | CLERMONT, FL 34711 | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Avery, Shang | |
| STREET ADDRESS | 9905 Crenshaw Cir | |
| CITY-ST-ZIP | CLERMONT, FL 34711 | |
| TITLE | Sec/Tre | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Caldecutt, Colleen | |
| STREET ADDRESS | 14113 COOSA COURT | |
| CITY-ST-ZIP | CLERMONT, FL 34711 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *C. Lee Caldecutt* DATE: 8/22/06 (407) ^{FAM} 483-1301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #