## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000001975

FILED Apr 11, 2007 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 **Current Mailing Address: New Mailing Address:** 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 FEI Number: 65-0889816 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: HART, JAMES W JR 2180 W. SR 434, STE. 5000 LONGWOOD, FL 327765044 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition LACEY, LEONARD DARBY, TAMI Name: Name: 9851 CRENSHAW CIR Address: 9839 CRENSHAW CIR Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: VPD (X) Change ( ) Addition AVERY, SHANA Name: AVERY, ERIC Name: Address: 9905 CRENSHAW CIR Address: 9905 CRENSHAW CIR City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: (X) Change ( ) Addition CALDECUTT, COLLEEN CHYCHOTA, RAYMOND Name: Name: Address: 14113 COOSA COURT Address: 9603 CRENSHAW CIR City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: TD ( ) Change (X) Addition Name: Name: MANCIA, JEFFREY 9618 SARAGOSA ST Address: Address: City-St-Zip: City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: ( ) Change (X) Addition BISHOP, JERRY Name: Name: 9937 CRENSHAW CIR Address: Address: City-St-Zip: City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the 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: TAMI DARBY PD 04/11/2007