2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900001975

1. Entity Name

LOUISA POINTE HOMEOWNER'S ASSOCIATION, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90168 028 ****61.25

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1135 EAST AVENUE 1135		Mailing Address 1135 EAST AVENUE CLERMONT FL 34711								
2 Principal	Disco of Durings	La har all								
z, riincipai	2. Principal Place of Business 3. Ma		. Mailing Address		1881 U 11 14				ari b iih (118)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State		4. FEI Number 65-0889816			Applied For Not Applicable		
Zip Country		Zip	Country	5. Certificate of Sta				8.75 Additional		
	6. Name and Address of Current	Registered Agent		7	. Name and Addre	ess of New Reg				
			Name							
LADD, D	ALE IST AVENUE		Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
	ONT FL 34711		<u> </u>							
4.22			Oth.				1.22			
			City					ip Cod		
The above the obligation	e named entity submits this statement fo ations of registered agent.	r the purpose of changing its re	egistered office or	registered	agent, or both, in th	e State of Florid	a. I am familia	r with,	and accept	
J	3 · ·				•					
SIGNATURE			·		<u> </u>					
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signatur	re required whe	en reinstating)		DATE			
1.2	EILE NOW! SEE 10 064 05	9. Election Camp	paign Financing	¢.	5 00 14-11 0-	Make	Check Pay	/ahla	to	
FILE NOW: FEE IS \$61.25			Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of Stat					
10.	OFFICERS AND DIF	PECTORS	T	1 000						
TITLE	PD OFFICERS AND DIF	Delete	11.	ADL	DITIONS/CHANGES	5 TO OFFICERS		DRS IN Thange		
NAME	LADD, DALE	, Delete	NAME					nange	Addition	
STREET ADDRESS	1135 EAST AVENUE		STREET ADDRESS							
CITY-ST-ZIP	CLERMONT FL 34711		City-St-Zip							
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name Street address	LADD, DARRYL 1135 EAST AVENUE		NAME				. •••			
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CITY-ST-ZIP			CITY-ST-ZIP	_						

12. I hereby certify that the information supplied with this filling 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 fusible suppowered 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:

WURE REQUIRED

1-23-03

(352)394-868(