2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

## **Current Mailing Address:**

DOCUMENT# N99000001975

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

### FEI Number: 65-0889816

#### Name and Address of Current Registered Agent:

SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 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	BRADLEY POMP			04/26/2021
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR	
Name	HENLEY, GWENN	Name	MARSH, DAVID	
Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000	
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779	
Title	TREASURER, DIRECTOR	Title	SECRETARY, DIRECTOR	
Name	MANCIA, JEFFREY	Name	CALDECUTT, WILLIAM	
Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000	
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779	
Title	DIRECTOR			
Name	OLIVIEIRA, MARIANA			
Address	2180 WEST SR 434 STE 5000			
City-State-Zip:	LONGWOOD FL 32779			

I hereby 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 all other like empowered.

PRESIDENT

## SIGNATURE: GWENN HENLEY

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 26, 2021 Secretary of State 1534498744CC

Certificate of Status Desired: No

04/26/2021

Date