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.

SIGNATURE: GWENN HENLEY

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business:

2023 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 | | | 04/19/2023 |
|---------------------------|--|-----------------|---------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | PRESIDENT, DIRECTOR | Title | VP, DIRECTOR | |
| Name | HENLEY, GWENN | Name | CALDECUTT, BILL | |
| 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 | SECRETARY, TREASURER, DIRECTOR | | | |
| Name | MANCIA, JEFFREY | | | |
| Address | 2180 WEST SR 434 STE 5000 | | | |
| City-State-Zip: | LONGWOOD FL 32779 | | | |

PRESIDENT

Certificate of Status Desired: No

FILED Apr 19, 2023 Secretary of State 9030126944CC

Date

04/19/2023