Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING
OF

LAGO VISTA PROPERTY OWNERS' ASSOCIATION, INC.
File Number: 51212201

The undersigned, as Secretary of State of Texas, hereby certifies that the Nonprofit Periodic Report for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 07/21/2025

Effective: 07/21/2025

Jane Nelson
Secretary of State

Form 802
(Revised 08/12)

Submit in duplicate to:
Secretary of State
Reports Unit
P.O. Box 12028
Austin, TX 78711-2028
Phone: (512) 475-2705
FAX: (512) 463-1423
Dial: 7-1-1 for Relay Services
Filing Fee: See Instructions

Periodic Report of a Nonprofit Corporation

This space reserved for filing office use.

FILED
In the Office of the
Secretary of State of Texas
JUL 21 2025
Corporations Section

File Number: _____

1. The name of the corporation is: *(A name change requires an amendment; see Instructions)*
Lago Vista Property Owners' Association, Inc.

2. It is incorporated under the laws of: (Set forth state or foreign country) Texas

3. The name of the registered agent is:

☐ A. The registered agent is a corporation (cannot be entity named above) by the name of:

OR

☑ B. The registered agent is an individual resident of the state whose name is:

Christopher	C	Childs	
First Name	*MI*	*Last Name*	*Suffix*

4. The registered office address, which is identical to the business address of the registered agent in Texas, is: *(Only use street or building address; see Instructions)*

20503 Dawn Drive	Lago Vista	TX	78645
Street Address	*City*	*State*	*Zip Code*

5. If the corporation is a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is:

Street or Mailing Address	*City*	*State*	*Zip Code*	*Country*

6. The names and addresses of all directors of the corporation are: (A minimum of three directors is required.)
(If additional space is needed, include the information as an attachment to this form for item 6.)

Ed		Bippus			
First Name	*MI*	*Last Name*			*Suffix*
6000 Camille Ct		Lago Vista	TX	78645	
Street or Mailing Address		*City*	*State*	*Zip Code*	*Country*

Kristin		Wheatley			
First Name	*MI*	*Last Name*			*Suffix*
21101 Green Park Dr		Lago Vista	TX	78645	
Street or Mailing Address		*City*	*State*	*Zip Code*	*Country*

Kristal		Lassiter			
First Name	*MI*	*Last Name*			*Suffix*
4907 Arrowhead Dr		Lago Vista	TX	78645	
Street or Mailing Address		*City*	*State*	*Zip Code*	*Country*

7. The names, addresses, and titles of all officers of the corporation are: (The offices of president and secretary must be filled, but both may not be held by the same officer.)

(If additional space is needed, include the information as an attachment to this form for item 7.)

First Name	MI	Last Name	Suffix	Officer Title
Ed		Bippus		President

Street or Mailing Address	City	State	Zip Code	Country
6000 Camille Ct	Lago Vista	TX	78645	

First Name	MI	Last Name	Suffix	Officer Title
Kristal		Lassiter		Secretary

Street or Mailing Address	City	State	Zip Code	Country
4907 Arrowhead Dr	Lago Vista	TX	78645	

First Name	MI	Last Name	Suffix	Officer Title
Kristin		Wheatley		

Street or Mailing Address	City	State	Zip Code	Country
21101 Green Park Dr	Lago Vista	TX	78645	

Execution:

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: 7/10/25 Edward Bippus

Signature of authorized officer