

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name **LAKE POINTE HOMEOWNERS ASSOCIATION, INC.** **NO 3570**

Principal Place of Business **6939 N. WICKHAM RD MELBOURNE, FL 32940**  
Mailing Address **P.O. Box 410103 MELBOURNE, FL 32940**

3. Date Incorporated or Qualified **06/11/84** 3a. Date of Last Report **5/1/95**  
4. FEI Number **59-2425033** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **6939 N. WICKHAM RD.** 26 **P.O. Box 410103**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 \_\_\_\_\_ 27 \_\_\_\_\_  
City & State City & State  
23 **MELBOURNE FL** 28 **MELBOURNE, FL**  
Zip Country Zip Country  
24 **32940** 25 **BREVARD** 29 **32940** 30 **BREVARD**

9. Name and Address of Current Registered Agent  
**PAUL HALL  
323 MYRTLEWOOD RD.  
MELBOURNE, FL 32940**  
10. Name and Address of New Registered Agent  
81 Name **GWEN HELLER**  
82 Street Address (P.O. Box Number is Not Acceptable) **359 CYPRESS PL. DR.**  
83 \_\_\_\_\_  
84 City **MELBOURNE** FL 85 Zip Code **32940**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Gwen Heller* **2-3-96**  
Signature, typed or printed name of registered agent and agent applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SECRETARY/TREASURER</b> <input checked="" type="checkbox"/> DELETE	11 TITLE	<b>PRESIDENT/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PAUL HALL</b>	12 NAME	<b>GWEN HELLER</b>
STREET ADDRESS	<b>323 MYRTLEWOOD</b>	13 STREET ADDRESS	<b>359 CYPRESS PL. DR.</b>
CITY-ST-ZIP	<b>MELBOURNE, FL</b>	14 CITY-ST-ZIP	<b>MELBOURNE FL</b>
TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> DELETE	21 TITLE	<b>VICE PRESIDENT/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARD JONES</b>	22 NAME	<b>LUCILLE KUNZE</b>
STREET ADDRESS	<b>350 MYRTLEWOOD</b>	23 STREET ADDRESS	<b>390 MYRTLEWOOD RD.</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	24 CITY-ST-ZIP	<b>MELBOURNE, FL</b>
TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> DELETE	31 TITLE	<b>SECRETARY/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GEORGE DAWLEY</b>	32 NAME	<b>KATHY SILVA</b>
STREET ADDRESS	<b>354 MYRTLEWOOD</b>	33 STREET ADDRESS	<b>523 OAKMONT PLACE</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	34 CITY-ST-ZIP	<b>MELBOURNE, FL</b>
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<b>TREASURER/Director</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	<b>EMANUEL RUSTER</b>
STREET ADDRESS		43 STREET ADDRESS	<b>343 MYRTLEWOOD RD</b>
CITY-ST-ZIP		44 CITY-ST-ZIP	<b>MELBOURNE</b>
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	<b>800001762648</b>
STREET ADDRESS		63 STREET ADDRESS	<b>-03/29/96--01042--043</b>
CITY-ST-ZIP		64 CITY-ST-ZIP	<b>***61.25</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gwen Heller* **2-3-96** **407-633-2065**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**GWEN HELLER**

CR2E037 (12/95)