


FILE NOW: FILING FEE IS \$61.25

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Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N03570 (1)**  
1. Corporation Name  
**LAKE POINTE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>6939 N. WICKHAM ROAD MELBOURNE FL 32940</b>	Mailing Address <b>P.O. BOX 410103 MELBOURNE FL 32941-0103</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>06/11/1984</b>	3a. Date of Last Report <b>03/29/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2625033</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>HELLER, GWEN 359 CYPRESS POINT DRIVE MELBOURNE FL 32940</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HELLER, GWEN	1.1 TITLE	PD McGUIRE, PATRICK
NAME	HELLER, GWEN	1.2 NAME	McGUIRE, PATRICK
STREET ADDRESS	359 CYPRESS POINT DRIVE	1.3 STREET ADDRESS	338 MYRTLEWOOD ROAD
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	VPD KUNZE, LUCILLE	2.1 TITLE	VPD HELLER, GWEN
NAME	KUNZE, LUCILLE	2.2 NAME	HELLER, GWEN
STREET ADDRESS	390 MYRTLEWOOD RD	2.3 STREET ADDRESS	359 CYPRESS POINT DRIVE
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	SO SILVA, KATHY	3.1 TITLE	
NAME	SILVA, KATHY	3.2 NAME	
STREET ADDRESS	523 OAKMONT PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	TD RUSTER, EMANUEL	4.1 TITLE	
NAME	RUSTER, EMANUEL	4.2 NAME	
STREET ADDRESS	343 MYRTLEWOOD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Sandra B. Mortham* 2/11/97 242-0966

CR2E037 (9/96)