

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

**FILED**

**May 11 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # N03570 (1)**  
 1. Corporation Name  
**LAKE POINTE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: **6939 N. WICKHAM ROAD MELBOURNE FL 32940**  
 Mailing Address: **P.O. BOX 410103 MELBOURNE FL 32940**

3. Date Incorporated or Qualified: **06/11/1984**  
 4. FEI Number: **59-2625033**  
 Applied For:  Not Applicable:

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**HELLER, GWEN**  
**350 CYPRESS POINT DRIVE**  
**MELBOURNE FL 32940**

10. Name and Address of New Registered Agent  
 81 Name: **FRANCIS STEWART**  
 82 Street Address (P.O. Box Number is Not Acceptable): **6939 N. WICKHAM ROAD**  
 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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: *[Date]*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCGUIRE, PATRICK	
STREET ADDRESS	338 MYRTLEWOOD ROAD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HELLER, GWEN	
STREET ADDRESS	350 CYPRESS POINT DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SILVA, KATHY	
STREET ADDRESS	523 OAKMONT PLACE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RUSTER, EMANUEL	
STREET ADDRESS	343 MYRTLEWOOD RD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CIMINO, ANNETTE	
1.3 STREET ADDRESS	347 CYPRESS DR.	
1.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RUSTER, EMANUEL	
4.3 STREET ADDRESS	343 MYRTLEWOOD RD.	
4.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 in an attachment with an address.

SIGNATURE: *[Signature]* Annette Cimino 4/16/98 407-259-2931

CR2E037 (10/97)