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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90226 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03570

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/11/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2625033	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STEWART, FRANCIS		81 Name	
6939 N WICKHAM RD		82 Street Address (P.O. Box Number is Not Acceptable)	
MELBOURNE FL 32940		83	
		84 City	
		FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	PD
NAME	CIMINO, ANNETTE	1.2 NAME	JACK BOBST
STREET ADDRESS	347 CYPRESS DR	1.3 STREET ADDRESS	395 CYPRESS PT.
CITY-ST-ZIP	MELBOURNE FL 32940	1.4 CITY-ST-ZIP	MELBOURNE FL 32940
TITLE	VD	2.1 TITLE	
NAME	HELLER, GWEN	2.2 NAME	
STREET ADDRESS	359 CYPRESS POINT DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD
NAME	SILVA, KATHY	3.2 NAME	MARGE JUBACK
STREET ADDRESS	523 OAKMONT PLACE	3.3 STREET ADDRESS	395 MYRTLEWOOD RD.
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	MELBOURNE FL 32940
TITLE	PD	4.1 TITLE	VTP
NAME	RUSTLER, EMANUEL	4.2 NAME	RUSTER EMANUEL
STREET ADDRESS	343 MYRTLEWOOD RD	4.3 STREET ADDRESS	343 MYRTLEWOOD RD.
CITY-ST-ZIP	MELBOURNE FL 32940	4.4 CITY-ST-ZIP	MELBOURNE, FL 32940
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (407) 259-2931

Date

Daytime Phone #

CR2E037 (11/98)