


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90028 050 ****61.25

DOCUMENT # N03570			
1. Entity Name LAKE POINTE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 6939 N. WICKHAM ROAD MELBOURNE FL 32940		Mailing Address 6939 N. WICKHAM ROAD MELBOURNE FL 32940	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-2625033		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STEWART, FRANCES 6939 N WICKHAM RD MELBOURNE FL 32940		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	

8. The above-named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW - FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P <input type="checkbox"/> Delete	NAME: SCHULTZ, MAGGIE	TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: SCHULTZ, MAGGIE
STREET ADDRESS: 331 MYLTHWOOD RD	CITY-ST-ZIP: MELBOURNE FL 32940	STREET ADDRESS: 331 MYRTLEWOOD RD.	CITY-ST-ZIP: MELBOURNE, FL 32940
TITLE: VP <input type="checkbox"/> Delete	NAME: HARTMAN, GARRY	TITLE: VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: HARTMAN, GAREY
STREET ADDRESS: 97 CYPRESS POINT DR	CITY-ST-ZIP: MELBOURNE FL 32940	STREET ADDRESS: 397 Cypress Point DR	CITY-ST-ZIP: MELBOURNE, FL 32940
TITLE: T <input checked="" type="checkbox"/> Delete	NAME: DILGEN, DAVID	TITLE: T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Cliff Dawson
STREET ADDRESS: 338 MYTHWOOD RD	CITY-ST-ZIP: MELBOURNE FL 32940	STREET ADDRESS: 383 Myrtlewood Rd	CITY-ST-ZIP: MELBOURNE, FL 32940
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: LADNER, TRENTON	TITLE: S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: SANDLER, ELAINE
STREET ADDRESS: 501 OAKMONT PLACE	CITY-ST-ZIP: MELBOURNE FL 32940	STREET ADDRESS: 387 CYPRESS POINT DR	CITY-ST-ZIP: MELBOURNE, FL 32940
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maggie Schultz*

321-213-0431