

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 # N95000001313 (4)

1. Corporation Name

LAKE POINTE CONDOMINIUM ASSOCIATION OF MARINA LA KE, INC.



Principal Place of Business

Mailing Address

300 GRECO AVE.
CORAL GABLES FL 33146

300 GRECO AVE.
CORAL GABLES FL 33146

3. Date Incorporated or Qualified
03/16/1995

3a. Date of Last Report

21 2. Principal Place of Business
4970 SW 72 Ave

2a. Mailing Address
4970 SW 72 AVE

4. FEI Number
05-0571757

Applied For
Not Applicable

22 Suite, Apt. #, etc.
#105

26 Suite, Apt. #, etc.
#105

5. Certificate of Status Desired
\$8.75 Additional Fee Required

23 City & State
MIAMI, FL

27 City & State
MIAMI, FL

6. Election Campaign Financing Trust Fund Contribution
\$5.00 May Be Added to Fees

24 Zip
33155

25 Country
USA

29 Zip
33155

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent

BELL, J. ED
300 GRECO AVE.
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
ANDREY GIBELLINI
82 Street Address (P.O. Box Number is Not Acceptable)
4970 SW 72 AVE #105
83
84 City
MIAMI FL 85 Zip Code
33155

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] ANDREY GIBELLINI P/T/D 4/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	EASTON, EDWARD	
STREET ADDRESS	300 GRECO AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BABCOCK, CALVIN	
STREET ADDRESS	300 GRECO AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	BELL, J. ED	
STREET ADDRESS	300 GRECO AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANDREY GIBELLINI	
1.3 STREET ADDRESS	4970 SW 72 AVE #105	
1.4 CITY-ST-ZIP	MIAMI FL 33155	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sydney Beczkowski	
2.3 STREET ADDRESS	4970 SW 72 AVE #102	
2.4 CITY-ST-ZIP	MIAMI, FL 33155	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RICK MORA	
3.3 STREET ADDRESS	4970 SW 72 AVE #107	
3.4 CITY-ST-ZIP	MIAMI FL 33155	
4.1 TITLE	AMB D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AMBASS KHONGSARU	
4.3 STREET ADDRESS	4970 SW 72 AVE #105	
4.4 CITY-ST-ZIP	MIAMI FL 33155	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LOU COMPAGNON I	
5.3 STREET ADDRESS	4970 SW 72 AVE #106	
5.4 CITY-ST-ZIP	MIAMI, FL 33155	
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 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: [Signature] ANDREY GIBELLINI 4/16/96
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 305-1012-7770

CRE037 (12/95)