


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000001313

1. Entity Name
LAKE POINTE CONDOMINIUM ASSOCIATION OF MARINA LAKE, INC.



Principal Place of Business
**4970 SW 72ND AVE
 MIAMI, FL 33155 US**

Mailing Address
**7250 SW 39 TERRACE
 MIAMI, FL 33155 US**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0571757	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCOTT WESTON, JOHN
 7250 SW 39 TERRACE
 MIAMI, FL 33155**

DO NOT WRITE IN THIS SPACE

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 _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ABBASS, KHONSANY 4970 SW 72 AVE STE 100 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDUARDO, GOUDIE 4970 SW 72 AVE 102 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBELLINI, DANIELA 4970 SW 72 AVE STE 103 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUEVEDO, RAFAEL 4970 SW 72 AVE STE 109 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000945713
 05/30/08-80019-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ **Date** _____ **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR