

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90152 031 ****61.25

0006322

DOCUMENT # N95000001313

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



Principal Place of Business
**4970 SW 72ND AVE
STE 105
MIAMI FL 33155
US**

Mailing Address
**c/o Maddux & Co
4970 SW 72ND AVE
STE 105
MIAMI FL 33155
US**
*7250 SW 39 Terr
Miami, FL 33155*



2. Principal Place of Business
4970 SW 72 Ave

3. Mailing Address
7250 SW 39 TERRACE

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-0571757**

Applied For
Not Applicable

Zip
33155

Country

Zip
33155

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIBELLINI, AUDREY
5970 SW 72ND AVE, #105
MIAMI FL 33155**

Name
JOHN SCOTT WESTON

Street Address (P.O. Box Number is Not Acceptable)
7250 SW 39 TERRACE

City
MIAMI

State
FL

Zip Code
33155

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 *John Scott Weston* **John Scott Weston**

7/23/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PTD
GIBELLINI, AUDREY
4970 SW 72ND AVE, #105
MIAMI FL**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PTD
ABBASS, KHONSANY
4970 SW 72 Ave Suite 100
MIAMI, FL 33155**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
BECZKOWSKI, SYDNEY
4970 SW 72ND AVE, #102
MIAMI FL**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
QUEVEDO, RAFAEL
4970 SW 72 Ave Suite 109
MIAMI, FL 33155**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
KHONSARY, ABBASS
4970 SW 72ND AVE, #100
MIAMI FL**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BECZKOWSKI, SYDNEY
4970 SW 72 Ave Suite 102
MIAMI, FL 33155**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
COMPAGNONI, LOU
4970 SW 72ND AVE, #106
MIAMI FL**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
GIBELLINI, DANIELA
4970 SW 72 Ave Suite 103
MIAMI, FL 33155**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. 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 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: **SIGNATURE REQUIRED**

ABBASS KHONSANY-PRES. 7-23-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 264-9661

CR2E037 (4/03)