FILE NOW: FILING FEE IS $61.25

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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03570 (1)

1. Corporation Name

LAKE POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6939 N. WICKHAM ROAD MELBOURNE FL 32940	P.O. BOX 410103 MELBOURNE FL 32941-0103

3. Date Incorporated or Qualified: 06/11/1984
3a. Date of Last Report: 03/29/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2625033 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

HELLER, GWEN
359 CYPRESS POINT DRIVE
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HELLER, GWEN		1.2 NAME	McGUIRE, PATRICK	
STREET ADDRESS	359 CYPRESS POINT DRIVE		1.3 STREET ADDRESS	338 MYRTLEWOOD ROAD	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	KUNZE, LUCILLE		2.2 NAME	HELLER, GWEN	
STREET ADDRESS	390 MYRTLEWOOD RD		2.3 STREET ADDRESS	359 CYPRESS POINT DRIVE	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SILVA, KATHY		3.2 NAME		
STREET ADDRESS	523 OAKMONT PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RUSTER, EMANUEL		4.2 NAME		
STREET ADDRESS	343 MYRTLEWOOD RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE [signature] 2/4/97 343-0960