

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 11 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N03570 (1)**

**LAKE POINTE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>6939 N. WICKHAM ROAD MELBOURNE FL 32940</b>		Mailing Address <b>P.O. BOX 410103 MELBOURNE FL 32940</b>		3. Date Incorporated or Qualified <b>06/11/1984</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.		2a. Mailing Address <b>28</b> Suite, Apt. #, etc.		4. FEI Number <b>59-2625033</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HELLER, GWEN 350 CYPRESS POINT DRIVE MELBOURNE FL 32940</b>		10. Name and Address of New Registered Agent <b>81 Name FRANCIS STEWART 82 Street Address (P.O. Box Number is Not Acceptable) 6939 N. WICKHAM ROAD 83 84 City MELBOURNE FL 85 Zip Code 32940</b>	
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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]* (NOTE: Registered Agent signature required when reinstating) DATE *[Date]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>MCQUIRE, PATRICK</b>	1.1 TITLE <b>TD</b>	<b>CIMINO, ANNETTE</b>
NAME		1.2 NAME	
STREET ADDRESS <b>338 MYRTLEWOOD ROAD</b>		1.3 STREET ADDRESS <b>347 CYPRESS DR.</b>	
CITY-ST-ZIP <b>MELBOURNE FL</b>		1.4 CITY-ST-ZIP <b>MELBOURNE, FL 32940</b>	
TITLE <b>VD</b>	<b>HELLER, GWEN</b>	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS <b>350 CYPRESS POINT DRIVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MELBOURNE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<b>SILVA, KATHY</b>	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS <b>523 OAKMONT PLACE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MELBOURNE FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<b>RUSTER, EMANUEL</b>	4.1 TITLE <b>PD</b>	<b>RUSTER, EMANUEL</b>
NAME		4.2 NAME	
STREET ADDRESS <b>343 MYRTLEWOOD RD</b>		4.3 STREET ADDRESS <b>343 MYRTLEWOOD RD.</b>	
CITY-ST-ZIP <b>MELBOURNE FL</b>		4.4 CITY-ST-ZIP <b>MELBOURNE, FL 32940</b>	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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]* **Annette Cimino** 4/16/98 407-259-2931

CR2E037 (10/97)