

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90079 039 ****61.25

0042368

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24956

1. Corporation Name

LAKEPOINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 1112
LOXAHATCHEE FL 33470

Mailing Address

P.O. BOX 1112
LOXAHATCHEE FL 33470



2. Principal Place of Business

21 Destructive Homes

Suite, Apt. #, etc.

22 1312

City & State

23 Wellington FL

Zip

24 33414

Country

25 USA

2a. Mailing Address

26 12765 W. Forest Hill Blvd

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

02/23/1988

4. FEI Number

65-0100358

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

9. Name and Address of Current Registered Agent

KABINOFF, ROB
2000 CROSS BREEZE DR.
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

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

TITLE DP
NAME KABINOFF, ROB
STREET ADDRESS 2000 CROSS BREEZE DRIVE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D
NAME CARLTON, RAY
STREET ADDRESS 12661 CORAL BREEZE DRIVE
CITY-ST-ZIP WELLINGTON FL

TITLE DT
NAME JERRY BYRD
STREET ADDRESS 12653 WHIT CORAL DR
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D
NAME PATTERSON, LYDIA
STREET ADDRESS 12689 CORAL BREEZE DR
CITY-ST-ZIP WELLINGTON FL

TITLE D
NAME SUSS, MALCOM
STREET ADDRESS 12631 WHITE CORAL DR
CITY-ST-ZIP WELLINGTON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Lucas, Frieda D
1.2 NAME 2018 White Coral Drive
1.3 STREET ADDRESS Wellington, FL 33411
1.4 CITY-ST-ZIP

2.1 TITLE D
2.2 NAME Capone, Lawrence
2.3 STREET ADDRESS 12694 White Coral Dr.
2.4 CITY-ST-ZIP Wellington, FL 33411

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)