2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03570

1. Entity Name

LAKE POINTE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State
03-28-2000 90040 043 ****61.25

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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
STEWART, FRANCES 6939 N WICKHAM RD MELBOURNE FL 32940	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CIMINO, ANNETTE 347 CYPRESS DR MELBOURNE FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RUSTLER, EMANUEL 343 MYRTLEWOOD RD MELBOURNE FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Richard Jones 350 Myrtlewood Rd. Mel FL 32940 U.P. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOBST, JACK 395 CYPRESS PT MELBOURNE FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D. John Patterson 353 Cypress Pt Dr Mel FL 32940 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JUBACK, MARGE 375 MYRTLEWOOD RD MELBOURNE FL 32940	☐ 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
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 3/8/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #