

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N24956**

1. Entity Name

**LAKEPOINT HOMEOWNERS ASSOCIATION, INC.****FILED****May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90100 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**DISTROTIVE HOMES**  
**12765 W FOREST HILL BLVD STE 1302**  
**WELLINGTON FL 33414**  
**US****DISTROTIVE HOMES**  
**12765 W FOREST HILL BLVD STE 1302**  
**WELLINGTON FL 33414-4781**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0100358**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****NELSON, MICHAEL**  
**12765 W FOREST HILL BLVD**  
**WELLINGTON FL 33414**

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

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**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 **D** ☐ Delete  
NAME **LUCAS, FRIEDA**  
STREET ADDRESS **2018 WHITE CORAL DR**  
CITY-ST-ZIP **WELLINGTON FL 33414**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **CARLTON, RAY**  
STREET ADDRESS **12661 CORAL BREEZE DRIVE**  
CITY-ST-ZIP **WELLINGTON FL**TITLE **P/D** ☒ Change ☐ Addition  
NAME **CARLTON, RAY**  
STREET ADDRESS **12661 CORAL BREEZE DR.**  
CITY-ST-ZIP **WELLINGTON, FL 33414**TITLE **DT** ☐ Delete  
NAME **JERRY BYRD**  
STREET ADDRESS **12653 WHIT CORAL DR**  
CITY-ST-ZIP **WELLINGTON FL 33414**TITLE **VP** ☒ Change ☐ Addition  
NAME **JERRY BYRD**  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **PATTERSON, LYDIA**  
STREET ADDRESS **12689 CORAL BREEZE DR**  
CITY-ST-ZIP **WELLINGTON FL**TITLE **S/D** ☒ Change ☐ Addition  
NAME **PATTERSON LYDIA**  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☒ Delete  
NAME **CAPONE, LAURENE**  
STREET ADDRESS **12698 WHITE CORAL DR**  
CITY-ST-ZIP **WELLINGTON FL 33411**TITLE **D** ☐ Change ☒ Addition  
NAME **IMBER, MICHAEL**  
STREET ADDRESS **12655 WHITE CORAL DR**  
CITY-ST-ZIP **WELLINGTON, FL 33414**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)