

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

0050726

**DOCUMENT # N24956**

1. Entity Name

**LAKEPOINT HOMEOWNERS ASSOCIATION, INC.**

01-29-2001 90183 021 \*\*\*\*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  
 US

2. Principal Place of Business

3. Mailing Address

**WELLINGTON MGMT, INC**

**WELLINGTON MGMT, INC.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**C**

**C**

City & State

City & State

**12785 Forest Hill Blvd.**

**12785 Forest Hill Blvd.**

Zip

Country

Zip

Country

**33414**

**US**

**33414**

**US**

4. FEI Number

**65-0100358**

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

**NELSON, MICHAEL**  
 12765 W FOREST HILL BLVD  
 WELLINGTON FL 33414

Name

**CAROLYN BROWN**

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

**270 WELLINGTON MGMT, INC.**

**12785 - C FOREST HILL BLVD.**

City

**WELLINGTON**

**FL**

Zip Code

**33414**

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

**CAROLYN BROWN, PROPERTY MANAGER**

**1/9/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>LUCAS, FRIEDA</b> <b>2018 WHITE CORAL DR</b> <b>WELLINGTON FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>CARLTON, RAY</b> <b>12661 CORAL BREEZE DRIVE</b> <b>WELLINGTON FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>JERRY BYRD</b> <b>12653 WHIT CORAL DR</b> <b>WELLINGTON FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PATTERSON, LYDIA</b> <b>12689 CORAL BREEZE DR</b> <b>WELLINGTON FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>CAPONE, LAURENE</b> <b>12698 WHITE CORAL DR</b> <b>WELLINGTON FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec./Treas.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>MICHAEL IMBER</b> <b>12655 WHITE CORAL DR.</b> <b>WELLINGTON, FL 33414</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Michael Imber**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-9-01**

**561-798-9546**

Date

Daytime Phone #

CR2E037 (10/00)